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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American College of Radiology Association 1891 Preston White Drive ADDRESS (number and street) Check if different than previously Reston VA 20191 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00343459 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) Х (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 07 2006 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2006 10 2006 18 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. DR Milton Guiberteau Type or Print Name of Treasurer Electronically Filed by DR Milton Guiberteau 10 26 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American College of Radiology Association D D ^b D 1.0 0 1 2006 1.0 18 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 331338.52 [°]2006 January 1 (b) Cash on Hand at 314359.20 Begining of Reporting Period 76176.86 598142.74 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 390536.06 929481.26 6(a) and 6(c) for Column B) 53139.58 592084.78 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 337396.48 337396.48 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period:

From:

1 0

01

2006

т...

м м 1 0 ^D 18

^Y 2006

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------|-----------------------------------------------------------------------|-------------------------------|-----------------------------------|
| | outions (other than loans) From: dividuals/Persons Other | | |
| T (i) | han Political Committees Itemized (use Schedule A) | 65731.86 | 487330.71 |
| (ii |) Unitemized | 3845.00 | 95304.70 |
| (ii | i) TOTAL (add Lines 11(a)(i) and (ii) | 69576.86 | 582635.41 |
| (b) P | olitical Party Committees | 0.00 | 0.00 |
| (s | ther Political Committees uch as PACs) otal Contributions (add Lines | 0.00 | 0.00 |
| | I (a)(iii),(b) and (c)) (Carry otals to Line 33, page 5) | 69576.86 | 582635.41 |
| | ers From Affiliated/Other | 0.00 | 0.00 |
| 3. All Loa | ns Received | 0.00 | 0.00 |
| | Repayments Receiveds To Operating Expenditures | 0.00 | 0.00 |
| (Carry | ds, Rebates, etc.) Totals to Line 37, page 5)ds of Contributions Made | 0.00 | 0.00 |
| to Fed | eral candidates and Other | 0.00 | 0.00 |
| | Federal Receipts ands, Interest, etc.) | 6600.00 | 15507.33 |
| | fers from Non-Federal and Levin Funds | | |
| ` ' | n-Federal Account rom Schedule H3) | 0.00 | 0.00 |
| (b) Le | vin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) To | tal Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| | Receipts (add Lines 11(d), , 14, 15, 16, 17, and 18(c)) | 76176.86 | 598142.74 |
| | rederal Receipts | 76176.86 | 598142.74 |

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 1773.00 Expenditures..... (c) Total Operating Expenditures 0.00 1773.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 574100.00 48000.00 24. Independent Expenditure 5139.58 5139.58 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 11072.20 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 53139.58 592084.78 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

53139.58

592084.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----------------------------------------------------------------------------|----------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 69576.86 | 582635.41 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 85. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 69576.86 | 582635.41 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 1773.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 1773.00 |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 / 78 |
|-------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|------------------------------------|
| | EMIZED RECEIPTS | or each category of the | | (check only one) |
| •• | LIMIZED HEOLII 10 | | Detailed Summary Page | X 11a 11b 11c 12 |
| | A . (| | | 13 14 15 16 17 |
| or | ly information copied from such Reports and Stator for commercial purposes, other than using the r | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associa | ition | | |
| Α. | Full Name (Last, First, Middle Initial) DR John Cronan | | | Date of Receipt |
| | Mailing Address 10 Strawberry Dr | | | 10 02 7 2006 |
| | City | State | Zip Code | Transaction ID: 17077159 |
| | Barrington | RI | 02806-4916 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Rhode Island Hospital | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | _ | Year-to-Date ▼ | |
| | Primary General | | 050,00 | 1 |
| | Other (specify) ▼ | 0 0 | 250.00 | |
| В. | Full Name (Last, First, Middle Initial) DR Jules Whiteman | | | Date of Receipt |
| | Mailing Address 6038 Fontana St | 10 02 YYYYY 10 02 2006 | | |
| | City | State | Zip Code | Transaction ID: 17077160 |
| | Fairway | KS | 66205-3123 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | n | |
| | Clinical Radiologists | Diagnost | ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 050.00 | 1 |
| | Other (specify) ▼ | 0 0 | 250.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Krishanu Gupta | | | Date of Receipt |
| | Mailing Address 10 Signal Ridge Way | | | 10 02 YYYYY 10 02 2006 |
| | City | State | Zip Code | Transaction ID: 17077161 |
| | East Greenwich | RI | 02818-1647 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Advanced Radiology | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | | 050.00 | 1 |
| | Other (specify) ▼ | | 250.00 | |
| | L | | | 750.00 |
| S | UBTOTAL of Receipts This Page (optional) | | ······ | 730.00 |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 7/78 |
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| | by information copied from such Reports and Statem for commercial purposes, other than using the name | | | n for the purpose of soliciting contributions |
| <u></u> | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | American College of Radiology Association | 1 | | |
| Α. | Full Name (Last, First, Middle Initial) DR John Agola | | | Date of Receipt |
| | Mailing Address Medical Cntr Rads Inc Bldg 6330 N Center Dr Ste 220 | 13 | | 10 03 7 2006 |
| | • | State | Zip Code | Transaction ID: 17094191 |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Medical Center Radiologic | ccupation | n c Radiologist | |
| | | ggregate | Year-to-Date ▼ | 7 |
| | Primary General | 1 1 | 040.06 | |
| | Other (specify) ▼ | 0 0 | 842.86 | |
| — В. | Full Name (Last, First, Middle Initial) DR Cara Bonawitz | | | Date of Receipt |
| | Mailing Address 105 Shoal Quay | | | 10 03 YYYYY 2006 |
| | City | State | Zip Code | Transaction ID: 17094192 |
| | Chesapeake | VA | 23320-2019 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Namical Contact Padialogic | ccupation | 1 | 7 |
| | Medical Center Radiologis- ts, Inc. | iagnost | c Radiologist | |
| | | nggregate | Year-to-Date ▼ | |
| | Primary General | | 842.86 | |
| | Other (specify) | 0 0 | 042.00 | |
| _ | Full Name (Last, First, Middle Initial) | | | Data of Bassiss |
| C. | DR George Christian Mailing Address Medical Ctr Rads Inc Bldg | 10 | | Date of Receipt |
| | Mailing Address Medical Ctr Rads Inc Bldg 6330 N Center Dr Ste 220 | 10 03 2006 | | |
| | | State | Zip Code | Transaction ID: 17094193 |
| | • | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 50.00 |
| | Name of Employer O | ccupation | 1 | ┪ |
| | Modical Contar Dadiologic | | c Radiologist | |
| | | ggregate | Year-to-Date ▼ | |
| | Primary General | - | 250.00 | |
| | Other (specify) ▼ | | 350.00 | |
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| s | UBTOTAL of Receipts This Page (optional) | | | 250.00 |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 8 / 78 |
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| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may | y not be sold or used by any person | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | | aroos or any pointed committee to | 33.01 33.11.20.3.0 |
| American College of Radiology Associa | ation | | |
| Full Name (Last, First, Middle Initial) DR Jeffrey Crass | | | Date of Receipt |
| Mailing Address 917 Bobolink Dr | | | 10 03 / Y Y Y Y Y |
| City Virginia Beach | State VA | Zip Code 23451-4944 | Transaction ID: 17094194 |
| FEC ID number of contributing federal political committee. | C | 2040114944 | Amount of Each Receipt this Period 100.00 |
| Name of Employer Medical Center Radiologis- ts. Inc. | Occupation Diagnost | n ic Radiologist | |
| Receipt For: | | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 842.86 |] |
| Full Name (Last, First, Middle Initial) 3. DR Kirstin Fiona Davis | | | Date of Receipt |
| Mailing Address 1005 Caton Dr | 10 03 7 2006 | | |
| City | State | Zip Code | Transaction ID: 17094195 |
| Virginia Beach | VA | 23454-3162 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 70.83 |
| Name of Employer Medical Center Radiologis- | Occupation | ⁿ ic Radiologist | |
| ts, Inc Receipt For: | | e Year-to-Date V | _ |
| Primary General | 33 0 | 751.76 | 1 |
| Other (specify) ▼ | 0 0 | 751.76 | |
| Full Name (Last, First, Middle Initial) DR Haywood Davis, JR | | | Date of Receipt |
| Mailing Address 10 Ambassador Dr | | | 10 03 7 2006 |
| City | State | Zip Code | Transaction ID: 17094196 |
| Hampton | VA | 23666-6021 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 100.00 |
| Name of Employer Medical Center Radiologis- | Occupation | | |
| ts Receipt For: | | ic Radiologist e Year-to-Date ▼ | - |
| Primary General | 33 3 | | 1 |
| Other (specify) ▼ | 0 0 | 842.86 | |
| SUBTOTAL of Receipts This Page (optional) | | | 270.83 |
| TOTAL This Period (last page this line number of | only) | | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 9 / 78 |
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| | • | | Use separate schedule(s) or each category of the | (check only one) |
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| Ar | y information copied from such Reports and Sta | atements may | not be sold or used by any person | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associa | tion | | |
| Α. | Full Name (Last, First, Middle Initial) DR John Donnal | | | Date of Receipt |
| | Mailing Address Medical Ctr Rads Inc BI 6330 N Center Dr Ste 2 | | | 10 03 2006 |
| | City | State | Zip Code | Transaction ID: 17094197 |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Medical Center Radiologis- | Occupation | n ic Radiologist | |
| | ts, I Receipt For: | | Year-to-Date ▼ | |
| | Primary General | / iggi ogalo | Tour to Buto V | 1 |
| | Other (specify) ▼ | | 842.86 | |
| | - | | | 4 |
| В. | Full Name (Last, First, Middle Initial) DR Theodore Dorsay | | | Date of Receipt |
| | Mailing Address 1500 Chandon Cres | | | 10 03 2006 |
| | City | State | Zip Code | Transaction ID: 17094198 |
| | Virginia Beach | VA | 23454-1367 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 100.00 |
| | Name of Employer | Occupation | 1 | |
| | Medical Center Radiologis- ts, Inc. | Diagnost | ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 842.86 | 1 |
| | Other (specify) | | 072.00 | J |
| — С. | Full Name (Last, First, Middle Initial) DR Nina Fabiszewski | | | Date of Receipt |
| ٥. | Mailing Address Medical Cntr Rads Inc B | Nda 12 | | M M / D D / Y Y Y Y |
| | 6330 N Center Dr Ste 2 | | | 10 03 2006 |
| | City | State | Zip Code | Transaction ID: 17094199 |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| Medical Center Radiologis- | | Occupation | <u> </u> | |
| | | | ic Radiologist | |
| | ts, I Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 33 - 3 - 10 | | 1 |
| | Other (specify) ▼ | 1 | 842.86 | |
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| s | UBTOTAL of Receipts This Page (optional) | | | 300.00 |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 78 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and or for commercial purposes, other than using th | Statements mage name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions oslicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American College of Radiology Associ | ciation | | |
| Full Name (Last, First, Middle Initial) DR Yan Gao Mailing Address 1521 Mirassou Ln City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Medical Center Radiologists. Inc Receipt For: Primary General Other (specify) | | Zip Code 23454-1373 n cic Radiologist e Year-to-Date ▼ 842.86 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) DR Susanne Grasso Mailing Address Med Ctr Radiologists, 6330 N Center Dr Bld City Norfolk FEC ID number of contributing federal political committee. Name of Employer | | Zip Code 23502-4008 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Medical Center Radiologists, Inc. Receipt For: Primary General Other (specify) ▼ | , | ric Radiologist e Year-to-Date ▼ 842.86 |] |
| Full Name (Last, First, Middle Initial) DR Michael Ho Mailing Address Medical Cntr Rads Inc 6330 N Center Dr Ste City Norfolk FEC ID number of contributing federal political committee. Name of Employer Medical Center Radiologists, I Receipt For: | State VA C Occupatio Diagnost | Zip Code 23502-4008 n cic Radiologist e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number | | 842.86 | 300.00 |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 11 / 78 |
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| Ar | ny information copied from such Reports and St | atements may | not be sold or used by any person | on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associa | ation | | |
| Α. | Full Name (Last, First, Middle Initial) DR Lester Johnson | | | Date of Receipt |
| | Mailing Address 1021 Downshire Chase | | | 10 03 2006 |
| | City | State | Zip Code | Transaction ID: 17094203 |
| | Virginia Beach | VA | 23452-6154 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Medical Center Radiologis- | Occupation | n ic Radiologist | |
| | ts, Inc. Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 1.999 | | 1 |
| | Other (specify) ▼ | | 842.86 | |
| | | | | 4 |
| В. | Full Name (Last, First, Middle Initial) DR Yoonah Kim | | | Date of Receipt |
| | Mailing Address 917 Kings Cross | | | 10 03 YYYYY Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | City | State | Zip Code | Transaction ID: 17094204 |
| | Virginia Beach | VA | 23452-6230 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 83.33 |
| | Name of Employer | Occupation | 1 | |
| | Medical Center Radiologis- ts, Inc | Diagnost | ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 871.40 | 1 |
| | Other (specify) | | 071.40 | |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Descipt |
| C. | DR Patsy Loiacono Mailing Address 903A Yorkville Rd | | | Date of Receipt |
| | Mailing Address 903A FORKVIIIE NO | | | 10 03 2006 |
| | City | State | Zip Code | Transaction ID: 17094205 |
| | Yorktown | VA | 23692-3508 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 50.00 |
| | Name of Employer Medical Center Radiologis- | Occupation | | |
| | ts | | ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 350.00 | |
| | Other (specify) | 0 0 | | 1 |
| | | | | |
| _ | UDTOTAL (D T D | | | 233.33 |
| L _s | UBTOTAL of Receipts This Page (optional) | | ······ | |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 78 (check only one) X 11a 11b 11c 12 |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Ar | y information copied from such Reports and Stat for commercial purposes, other than using the na | tements may | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associate | ion | • | |
| ۹. | Full Name (Last, First, Middle Initial) DR Susan McKenzie Mailing Address Medical Ctr Rads Inc Blo 6330 N Center Dr Ste 22 | | | Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17094206 |
| | Norfolk FEC ID number of contributing federal political committee. | C | 23502-4008 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Medical Center Radiologis- ts, I Receipt For: Primary General Other (specify) ▼ | | n ic Radiologist e Year-to-Date ▼ 700.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR Chan Nguyen Mailing Address Medical Cntr Rads Inc B 6330 N Center Dr Ste 22 | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17094207 |
| | Norfolk FEC ID number of contributing federal political committee. | C | 23502-4008 | Amount of Each Receipt this Period |
| | Name of Employer Medical Center Radiologis- ts, I Receipt For: Primary General Other (specify) ▼ | | n ic Radiologist e Year-to-Date ▼ 842.86 | |
| C. | Full Name (Last, First, Middle Initial) DR Hans Sachse | | | Date of Receipt |
| | Mailing Address 4200 Faigle Rd | | | 10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17094208 |
| | Portsmouth FEC ID number of contributing federal political committee. | C | 23703-4811 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Medical Center Radiologis- ts, Inc. Receipt For: | | n ic Radiologist e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 900.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | _ | 300.00 |
| Т | OTAL This Period (last page this line number on | ılv) | _ | |

| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 13 / 78 |
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| An | y information copied from such Reports and State | ements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the na | me and add | dress of any political committee to | solicit contributions from such committee. |
| $\sqrt{}$ | NAME OF COMMITTEE (In Full) | | | |
| / | American College of Radiology Associati | on | | |
| ۹. | Full Name (Last, First, Middle Initial) DR Sarah Shaves | | | Date of Receipt |
| | Mailing Address Medical Center Radiologi 6330 N Ctr Dr Bldg 13 Sto | | | 10 03 7 9 9 9 |
| | City | State | Zip Code | Transaction ID: 17094209 |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 80.00 |
| | Name of Employer Medical Center Radiologis- | Occupation | n ic Radiologist | |
| | ts I Receipt For: | | Year-to-Date ▼ | - |
| | Primary General | 39 - 3 | | 1 |
| | Other (specify) ▼ | 0 0 | 674.29 | |
| 3. | Full Name (Last, First, Middle Initial) DR Lamar Smith | | | Date of Receipt |
| | Mailing Address Medical Ctr Radiologists, 6330 N Center Dr Bldg 13 | 10 03 7 2006 | | |
| | City | State | Zip Code | Transaction ID: 17094210 |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 100.00 |
| | Name of Employer Medical Center Radiologis- | Occupation | | |
| | ts, Inc. | | ic Radiologist | _ |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | 0 0 | 842.86 | |
| - C. | Full Name (Last, First, Middle Initial) DR Adam Specht | | | Date of Receipt |
| | Mailing Address 3309 Chappell Pl | | | 10 03 7 2006 |
| | City | State | Zip Code | Transaction ID: 17094211 |
| | Virginia Beach | VA | 23452-6290 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 70.83 |
| | Name of Employer Medical Center Radiologis- | Occupation | 1 | 7 |
| | ts, Inc | | ic Radiologist | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 758.90 | |
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| s | UBTOTAL of Receipts This Page (optional) | |) | 250.83 |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 14 / 78 (check only one) |
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| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) | | | |
| / | American College of Radiology Association | on | | |
| ۹. | Full Name (Last, First, Middle Initial) DR Richard Thomas | | | Date of Receipt |
| | Mailing Address 1037 Long Beeches Ave | | | 10 03 7 9 9 9 |
| | City | State | Zip Code | Transaction ID: 17094212 |
| | Chesapeake | VA | 23320-0681 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 100.00 |
| | Modical Contor Dadiologic | | ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 842.86 | |
| 3. | Full Name (Last, First, Middle Initial) DR Harlan Vingan | | | Date of Receipt |
| | Mailing Address Medical Center Radiologis 6330 N Center Dr Bldg 13 | | | 10 03 7 9 9 9 |
| | City | Transaction ID: 17094213 | | |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Medical Center Radiologis | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 842.86 | |
| C. | Full Name (Last, First, Middle Initial) DR Marshall Weissberger | | | Date of Receipt |
| | Mailing Address Medical Center Radiologis 6330 N Center Dr Bldg 13 | | | 10 03 7 9 9 9 |
| | City | State | Zip Code | Transaction ID: 17094214 |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| Medical Center Radiologic | | Occupation Diagnosti | n ic Radiologist | |
| | Receipt For: | | Year-to-Date ▼ | 7 |
| | Primary General Other (specify) ▼ | 0 0 | 842.86 | |
| S | UBTOTAL of Receipts This Page (optional) | | | 300.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 78 (check only one) X 11a 11b 11c 12 |
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| An | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\frac{}{}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associat | | 2000 C. W.) POLICO CO | |
| ۸. | Full Name (Last, First, Middle Initial) DR John Whitbeck Mailing Address Medical Cntr Rads Inc B 6330 N Center Dr Ste 22 | | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17094215 |
| | Norfolk FEC ID number of contributing federal political committee. | C | 23502-4008 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Medical Center Radiologis- ts, I Receipt For: Primary General Other (specify) | | n ic Radiologist e Year-to-Date ▼ 896.43 | |
| 3. | Full Name (Last, First, Middle Initial) DR Robert Woolfitt Mailing Address 6330 N Center Dr Bldg 1 | 3 Ste 220 |) | Date of Receipt 10 03 2006 |
| | City | State | Zip Code | Transaction ID: 17094217 |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Medical Center Radiologis- ts, I | | ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 842.86 | |
| D . | Full Name (Last, First, Middle Initial) DR John Campbell | | | Date of Receipt |
| | Mailing Address 1416 Watersedge Dr | | | 10 03 2006 |
| | City Virginia Beach | State VA | Zip Code 23452-6222 | Transaction ID: 17094219 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 66.67 |
| | Name of Employer Medical Center Radiologis- ts, Inc. | | ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 760.03 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 266.67 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 78 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | atements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American College of Radiology Associa | tion | | |
| A . | Full Name (Last, First, Middle Initial) DR Donald La Vay Mailing Address 109 George Sandys City Williamsburg FEC ID number of contributing federal political committee. Name of Employer Medical Center Radiologists Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) DR Phillip Luebbert Mailing Address 9528 25th Bay St City Norfolk | | Zip Code 23185-8938 n ic Radiologist e Year-to-Date ▼ Zip Code 23518-1812 | Date of Receipt M M J D D J 2006 Transaction ID: 17094220 Amount of Each Receipt this Period 41.67 Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | FEC ID number of contributing federal political committee. Name of Employer Medical Center Radiologists Receipt For: Primary General Other (specify) | | n ic Radiologist e Year-to-Date ▼ 637.47 | 70.83 |
| C . | Full Name (Last, First, Middle Initial) DR Kenneth Mendelson Mailing Address 703 Westover Ave City Norfolk FEC ID number of contributing federal political committee. Name of Employer Children's Hospital of the King's Daug Receipt For: Primary General Other (specify) | | Zip Code 23507-1622 n ic Radiologist e Year-to-Date ▼ 450.00 | Date of Receipt M M M / D D J 2006 Transaction ID: 17094222 Amount of Each Receipt this Period 250.00 |
| s | UBTOTAL of Receipts This Page (optional) | |) | 362.50 |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | American College of Radiology Association | on | | |
| Α. | Full Name (Last, First, Middle Initial) DR Eveleen Oleinik | | | Date of Receipt |
| | Mailing Address 1021 Downshire Chase | | | 10 03 7 2006 |
| | City | State | Zip Code | Transaction ID: 17094223 |
| | Virginia Beach | VA | 23452-6154 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 25.00 |
| | Modical Contor Dadiologic | Occupation Diagnost | n ic Radiologist | |
| | | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 202 14 | 1 |
| | Other (specify) ▼ | 0 0 | 282.14 | |
| В. | Full Name (Last, First, Middle Initial) DR Kip Kang-L Park | | | Date of Receipt |
| | Mailing Address Medical Center Radiologists, Inc 6330 N Ctr Dr Bldg 13 Ste 220 | | | 10 03 7 2006 |
| | City | State | Zip Code | Transaction ID: 17094224 |
| | Norfolk | VA | 23502-4008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 66.67 |
| | Medical Center Radiologie | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | 1 1 | | 1 |
| | Other (specify) ▼ | 0 0 | 714.32 | |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Jennifer Rush | | | Date of Receipt |
| | Mailing Address 3864 Banyon Grove Ln A | pt 301 | | 10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17094225 |
| | Virginia Beach | VA | 23462-7492 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 66.67 |
| | Modical Contar Padiologic | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | | Year-to-Date ▼ | 7 |
| | Primary General | - | 222.22 | 1 |
| | Other (specify) ▼ | 0 0 | 600.03 | |
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| NAME OF COMMITTEE | (In Full) | | |
| American College of | Radiology Association | | |
| Full Name (Last, First, Mi DR Desencia Thomas | ddle Initial) | | Date of Receipt |
| Mailing Address 600 S | Sabal Palm Ln Apt 307 | | 10 03 7 2006 |
| City | State | Zip Code | Transaction ID: 17094226 |
| Chesapeake | VA | 23320-1743 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee | | | 66.67 |
| Name of Employer Medical Center Radiologi ts, Inc. | S- Occupation Diagnosti | n ic Radiologist | |
| Receipt For: | | Year-to-Date ▼ | |
| Primary ☐ G Other (specify) ▼ | ieneral | 680.03 | |
| Full Name (Last, First, Mi | ddle Initial) | | Date of Receipt |
| Mailing Address 3962 | Aeries Way | | 10 03 2006 |
| City | State | Zip Code | Transaction ID: 17094227 |
| Virginia Beach | VA | 23455-1558 | Amount of Each Receipt this Period |
| FEC ID number of contrib federal political committee | | | 166.67 |
| Name of Employer Medical Center Radiologi | Occupation S- | | |
| ts | Diagnosi | ic Radiologist | _ |
| Receipt For: Primary G | ieneral | Year-to-Date ▼ | 1 |
| Other (specify) ▼ | | 500.01 | |
| Full Name (Last, First, Mi | ddle Initial) | | Date of Receipt |
| Mailing Address 239 F | Painter Rd | | 10 04 2006 |
| City | State | Zip Code | Transaction ID: 17104937 |
| Media | PA | 19063-4518 | Amount of Each Receipt this Period |
| FEC ID number of contrib federal political committee | | | 500.00 |
| Name of Employer Southeast Radiology Ltd. | Occupation Diagnosti | n ic Radiologist | |
| | | Year-to-Date ▼ | |
| Primary ☐ G Other (specify) ▼ | ieneral | 500.00 | |
| SUBTOTAL of Receipts Th | nis Page (optional) | | 733.34 |
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SCHEDULE A (FEC Form 3X)

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| Ar or | ny information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | y not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associat | ion | | |
| Α. | Full Name (Last, First, Middle Initial) DR Barbara Schepps Mailing Address 322 Blackstone Blvd City Providence FEC ID number of contributing federal political committee. Name of Employer RI Medical Imaging Receipt For: Primary General Other (specify) | | Zip Code 02906-4864 n ic Radiologist e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. | Full Name (Last, First, Middle Initial) DR Joan Lasser Mailing Address 50 Park Row W Apt 808 City Providence FEC ID number of contributing federal political committee. Name of Employer Rhode Island Medical Imaging Receipt For: Primary General | | Zip Code 02903-1151 n ic Radiologist e Year-to-Date ▼ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - . | Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Patrick Kang Mailing Address 515 W 59th Street Apt. 2 | | 250.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City New York FEC ID number of contributing federal political committee. Name of Employer Beth Israel Medical Center Receipt For: Primary General Other (specify) | | Zip Code 10019-1039 n ic Radiologist e Year-to-Date ▼ 250.00 | Transaction ID: 17104940 Amount of Each Receipt this Period 250.00 |
| s | UBTOTAL of Receipts This Page (optional) | | | 750.00 |
| т | OTAL This Period (last page this line number on | lv) | | |

SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: | PAGE 20/78 |
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| Any information copied from such Reports a | and Statements may | not be sold or used by any person | on for the purpose of solicit | ing contributions |
| or for commercial purposes, other than usin | g the name and add | dress of any political committee to | solicit contributions from s | such committee. |
| NAME OF COMMITTEE (In Full) | | | | |
| American College of Radiology As | sociation | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| Dr. Gustav Seliger | | | Date of Receipt | |
| Mailing Address 85 E End Avenue | Apt. 12D | | M M / D D | |
| | | | 10 04 | 2006 |
| City | State | Zip Code | Transaction ID: 17 | 105001 |
| New York | NY | 10028-8036 | Amount of Each Red | ceipt this Period |
| FEC ID number of contributing federal political committee. | C | | | 250.00 |
| Name of Employer | Occupation | n | - | |
| Name of Employer Beth Israel Medical Center | l ' | ic Radiologist | | |
| Receipt For: | | e Year-to-Date ▼ | | |
| Primary General | 1.99.39 | | 7 | |
| Other (specify) | | 250.00 | | |
| | 0 0 | 0 0 0 0 0 0 0 | _ | |
| Full Name (Last, First, Middle Initial) 3. Dr. Mitchell Horowitz | | | Date of Receipt | |
| Mailing Address 155 E. 31st | Mailing Address 155 E. 31st | | | / Y Y Y Y |
| Apt. 18D | | | | 2006 |
| City | State | Zip Code | Transaction ID: 17 | 105002 |
| New York | NY | 10016-6800 | Amount of Each Red | ceipt this Period |
| FEC ID number of contributing | | | | 500.00 |
| federal political committee. | C | | | 500.00 |
| | - 10 | | _ | |
| Name of Employer St. Luke's - Roosevelt Ho- | Occupation | | | |
| spital Center | | ic Radiologist | _ | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ | |
| Other (specify) | | 500.00 | | |
| Other (specify) | | | _ | |
| Full Name (Last, First, Middle Initial) | | | | |
| Azita Sara Khorsandi | | | Date of Receipt | |
| Mailing Address 280 Park Avenue | South | | M M / D D | / Y Y Y Y |
| | | | 10 04 | 2006 |
| City | State | Zip Code | Transaction ID: 17 | 105003 |
| New York | NY | 10010-6121 | Amount of Each Red | ceipt this Period |
| FEC ID number of contributing | | | | 1000.00 |
| federal political committee. | C | | | 1000.00 |
| Name of Franksia | | _ | _ | |
| Name of Employer Beth Israel Medical Center | Name of Employer Beth Israel Medical Center Discussoria Dadialogist | | | |
| Descint Fey | Diagnostic Radiologist | | | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | _ | |
| Other (specify) | | 1000.00 | | |
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| S | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 21 / 78 |
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| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \angle | American College of Radiology Associa | ation | | _ |
| A. | Full Name (Last, First, Middle Initial) DR Peter Maslin | | | Date of Receipt |
| | Mailing Address 50 S Middle Neck Rd A | pt 3N | | 10 04 2006 |
| | City | State | Zip Code | Transaction ID: 17105004 |
| | Great Neck | NY | 11021-3431 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Westside Radiology | Occupation | n ic Radiologist | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | 7.99.094.0 | Tour to Buto V | 1 |
| | Other (specify) ▼ | | 500.00 | |
| | | | | 4 |
| В. | Full Name (Last, First, Middle Initial) DR James Silberzweig | | | Date of Receipt |
| | Mailing Address 280 Park Ave S Apt 19 | A | | M M / D D / Y Y Y Y |
| | <u> </u> | | | 10 04 2006 |
| | City | State | Zip Code | Transaction ID: 17105005 |
| | New York | NY | 10010-6132 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer | Occupation | 1 | |
| | St. Lukes Roosevelt Hospi- tal Center | | ic Radiologist | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 0 0 | 1000.00 | |
| — С. | Full Name (Last, First, Middle Initial) Dr. Lynn Chinitz | | | Date of Receipt |
| ٥. | Mailing Address 425 West 59th Street | | | M M / D D / Y Y Y Y |
| | Suite 6C | | | 10 04 2006 |
| | City | State | Zip Code | Transaction ID: 17105014 |
| | New York | NY | 10019-1104 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 750.00 |
| | Name of Caralana | 10 | | |
| | Name of Employer Westside Radiology | Occupation Diagnosti | n ic Radiologist | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | 750.00 | 1 |
| | Other (specify) | | 750.00 | |
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| | | | | 2250.00 |
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| SCHEDULE A (FEC Form 3X) | | | Use separate schedule(s) | | PAGE 22/78 |
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| or | y information copied from such Reports and St for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such | contributions 1 committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | American College of Radiology Associa | ation | | | |
| | 3 3, | | | | |
| | Full Name (Last, First, Middle Initial) | | | 2. (2.). | |
| Α. | DR Kenneth Cooke | | | Date of Receipt | |
| | Mailing Address 147 Weidmann Ct | | | 10 04 | 2006 |
| | City | State | Zip Code | Transaction ID: 17105 | |
| | Rivervale | NJ | 07675-7004 | Amount of Each Receip | |
| | FEC ID number of contributing | | | Timodin of Eddin Hoodip | 1 1 1 |
| | federal political committee. | C | | | 1000.00 |
| | N (5) | 10 | | _ | |
| | Name of Employer St Luke's Roosevelt Hosp | Occupation | | | |
| | Ctr Receipt For: | | ic Radiologist Year-to-Date ▼ | | |
| | Primary General | Aggregate | FIGAL-10-Date V | 1 | |
| | Other (specify) | | 1000.00 | | |
| | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | |
| В. | DR Stuart Golbey | | | Date of Receipt | |
| | Mailing Address 515 E 79th St Apt 18D | | | 1 0 0 4 | 2006 |
| | City | State | Zip Code | | |
| | New York | NY | 10021-0783 | Transaction ID: 17105016 Amount of Each Receipt this Period | |
| | | INI | 10021-0763 | Amount of Each Receip | t this Period |
| | FEC ID number of contributing federal political committee. | C | | | 1000.00 |
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| | Name of Employer Westside Radiology | Occupation | | | |
| | | | ic Radiologist | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | , | |
| | Other (specify) | | 1000.00 | | |
| | Cure (openi) | 0 0 | 1 1 1 1 1 1 1 1 | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| C. | DR Munir Ghesani | | | Date of Receipt | |
| | Mailing Address Roosevelt Hospital Cer | nter | | M M / D D / 1 0 4 | 2006 |
| | 1000 10th Ave | State | Zip Code | | |
| | New York | NY | 10019-1147 | Transaction ID: 17105 Amount of Each Receip | |
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| | FEC ID number of contributing federal political committee. | C | | | 1000.00 |
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| | Name of Employer St. Luke's - Roosevelt Ho- | Occupation | | | |
| | spital Center | | ic Radiologist | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | |
| \angle | American College of Radiology Associate | ion | | | | | |
| A. | Full Name (Last, First, Middle Initial) DR Christina Giuliano | | | | Date of Receipt | | |
| | Mailing Address 355 S End Ave Apt 22N | | 10 04 YYYY 2006 | | | | |
| | City | State | Zip Code | | Transaction ID: 17105018 | | |
| | New York | NY | 10280-1058 | | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | | 750.00 | | |
| | Name of Employer St. Luke's - Roosevelt Ho- | Occupation | | | | | |
| | spital Center Receipt For: | | ic Radiologist e Year-to-Date ▼ | | | | |
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| | Other (specify) ▼ | 0 0 | 750.0 | 00 | | | |
| В. | Full Name (Last, First, Middle Initial) Deborah Rachel Shatzkes | | | | Date of Receipt | | |
| | Mailing Address 1 Rockhill Terrace | | | | M M / D D / Y Y Y Y Y 1 1 0 0 4 2 0 0 6 | | |
| | City | State | Zip Code | | Transaction ID: 17105023 | | |
| | Larchmont | NY | 10538-2713 | | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing | C | | | 1000.00 | | |
| | federal political committee. | | | | 1000.00 | | |
| | Name of Employer St. Luke's - Roosevelt Ho- | Occupation | | | | | |
| | spital Center Receipt For: | | ic Radiologist e Year-to-Date ▼ | | | | |
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| | Other (specify) ▼ | 0 0 | 1000.0 | 00 | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Nolan Kagetsu | | | | Date of Receipt | | |
| | Mailing Address 305 E 40th St Apt 10K | | | | M M / D D / Y Y Y Y Y 1 Y 1 1 D D 1 D 1 D D D D D D | | |
| | City | State | Zip Code | | Transaction ID: 17105024 | | |
| | New York | NY | 10016-2161 | | Amount of Each Receipt this Period | | |
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| | Name of Employer St Luke's - Roosevelt Hosp | Occupation | | | | | |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associat | ion | | |
| ۹. | Full Name (Last, First, Middle Initial) DR Daniel Schwartzberg Mailing Address 1250 McLynn Ave NE | | | Date of Receipt |
| | City | State | Zip Code | 1 0 0 5 2 0 0 6 Transaction ID: 17111319 |
| | Atlanta | GA | 30306-2530 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer Georgia Baptist Hospital | | ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR W Z. Goldstein | | | Date of Receipt |
| | Mailing Address Vassar Brothers Hospita 31 Reade Pl | 10 05 2006 | | |
| | City Poughkeepsie | State NY | Zip Code 12601-3925 | Transaction ID: 17111321 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 12001-3923 | 500.00 |
| | Name of Employer Hudson Valley Radiologist- s, P.C. | | ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
|) . | Full Name (Last, First, Middle Initial) DR Susan Summerton | | | Date of Receipt |
| | Mailing Address Albert Eistein Med Ctr 5501 Old York Rd | | 7: 0.1 | 10 05 2006 |
| | City Philadelphia | State PA | Zip Code 19141-3018 | Transaction ID: 17111322 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Albert Eistein Med Ctr | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 250.00 | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 790.00 |
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| or | for commercial purposes, other than using the r | name and add | iress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \angle | American College of Radiology Associa | tion | | |
| A. | Full Name (Last, First, Middle Initial) DR David Neumann | | | Date of Receipt |
| | Mailing Address 20 Pardons Wood Ln | | | 10 05 2006 |
| | City | State | Zip Code | Transaction ID: 17111330 |
| | East Greenwich | RI | 02818-1446 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 1000.00 |
| | Name of Employer RI Med Imaging | Occupation Diagnosti | n ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 1050.00 | 1 |
| | Other (specify) ▼ | | 1250.00 | |
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| В. | Full Name (Last, First, Middle Initial) DR Michael Atalay | | | Date of Receipt |
| | Mailing Address 70 Bailey Blvd | | | 10 05 2006 |
| | City | State | Zip Code | Transaction ID: 17111331 |
| | East Greenwich | RI | 02818-1454 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 050.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | ı | |
| | Rhode Island Medical Imag- ing | Diagnost | ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 250.00 | 1 |
| | Other (specify) | | 250.00 | |
| — С. | Full Name (Last, First, Middle Initial) DR Thomas Egglin | | | Date of Receipt |
| J . | Mailing Address 69 Bay Rd | | | M M / D D / Y Y Y Y |
| | | | | 10 05 2006 |
| | City | State | Zip Code | Transaction ID: 17111332 |
| | Barrington | RI | 02806-4751 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 250.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer Rhode Island Medical Imag- | Occupation | | |
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SCHEDULE A (FEC Form 3X)

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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associa | tion | | |
| Α. | Full Name (Last, First, Middle Initial) DR Jeffrey Brody Mailing Address Rhode Island Hospital 593 Eddy St City Providence FEC ID number of contributing federal political committee. Name of Employer Rhode Island Medical Imaging Receipt For: Primary General Other (specify) | | Zip Code 02903-4923 n ic Radiologist e Year-to-Date ▼ | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. | Full Name (Last, First, Middle Initial) Dr. Susan Krysiewicz Mailing Address 75 East End Avenue Apt. 1A City New York FEC ID number of contributing federal political committee. Name of Employer | State NY C | Zip Code 10028-7909 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Beth Israel Medical Center Receipt For: Primary General Other (specify) ▼ | | ic Radiologist e Year-to-Date ▼ 500.00 | |
| Э. | Full Name (Last, First, Middle Initial) Dr. Catherine Petchprapa Mailing Address 124 Thompson Street A | pt. 15 | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Now York | State | Zip Code | Transaction ID: 17111350 |
| | New York FEC ID number of contributing federal political committee. | C | 10012-3158 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Beth Israel Medical Center | Occupation | n ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 500.00 | |
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| or | for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | American College of Radiology Associa | ntion | | |
| | American conege of Hadiology Associa | (tion | | |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | DR Michele Licht | | | Date of Receipt |
| | Mailing Address 247 W 87th St Apt 4K | | | M M / D D / Y Y Y Y |
| | · . | | | 10 05 2006 |
| | City | State | Zip Code | Transaction ID: 17111351 |
| | New York | NY | 10024-2848 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 250.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | | - |
| | Name of Employer Beth Israel Medical Center | Occupation | ic Radiologist | |
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| | Full Name (Last, First, Middle Initial) | | | |
| В. | Dr. Kevin R. Math | | | Date of Receipt |
| | Mailing Address 519 East 86th Street | M M / D D / Y Y Y Y | | |
| | Apt. 2C | | | 10 05 2006 |
| | City | State | Zip Code | Transaction ID: 17111352 |
| | New York | NY | 10028-7541 | Amount of Each Receipt this Period |
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| | federal political committee. | C | | 1300.00 |
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| | Name of Employer Beth Israel Medical Center | 1 | ic Radiologist | |
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| | Full Name (Last, First, Middle Initial) | | | |
| C. | Dr. H. Charles Pfaff | | | Date of Receipt |
| | Mailing Address 222 W. 14th St. | | | 10 05 2006 |
| | Apt. 7J | State | Zip Code | |
| | New York | NY | · · | Transaction ID: 17111353 |
| | | INT | 10011-7200 | Amount of Each Receipt this Period |
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| | rederal political committee. | | | |
| | Name of Employer Beth Israel Medical Center | Occupation | ı | 7 |
| | | Diagnost | ic Radiologist | |
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| | NAME OF COMMITTEE (In Full) | | | |
| \angle | American College of Radiology Associa | tion | | |
| A. | Full Name (Last, First, Middle Initial) Dr. Robert D. Irish | | | Date of Receipt |
| | Mailing Address 222 W. 14th St. Apt. 7J | 10 05 2006 | | |
| | City | State | Zip Code | Transaction ID: 17111359 |
| | New York | NY | 10011-7200 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Beth Israel Medical Center | Occupation Diagnost | n ic Radiologist | |
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| В. | Full Name (Last, First, Middle Initial) DR Wen Yang | | | Date of Receipt |
| | Mailing Address Beth Israel Medical Cen 1st Ave @ 16th St | 10 DD / YYYYY 10 05 2006 | | |
| | City | State | Zip Code | Transaction ID: 17111361 |
| | New York | NY | 10003-3881 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Beth Israel Medical Center | Occupation Diagnost | n ic Radiologist | |
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| <u> </u> | Full Name (Last, First, Middle Initial) Dr. David P. Liu | | | Date of Receipt |
| | Mailing Address 32 Morton St., #6B | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17111362 |
| | New York | NY | 10014-4056 | Amount of Each Receipt this Period |
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| | Name of Employer Beth Israel Medical Center | Occupation | n ic Radiologist | 7 |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associate | ion | | |
| ۹. | Full Name (Last, First, Middle Initial) DR Barbara Zeifer | | | Date of Receipt |
| | Mailing Address Beth Israel Med Ctr 1st Ave & 16th St | | | 10 05 7 2006 |
| | City New York | State NY | Zip Code 10003-3803 | Transaction ID: 17111398 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 10005-3003 | 1000.00 |
| | Name of Employer Beth Israel Medical Center Receipt For: | | c Radiologist Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | Aggregate | 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr. Joseph N. Shams | | | Date of Receipt |
| | Mailing Address 401 E. 88th St. Apt. 16D | 0 | 7. 0. 1 | 10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City New York | State NY | Zip Code 10128-6605 | Transaction ID: 17111399 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Beth Israel Medical Center | Occupation Diagnosti | o Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 500.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Roy A. Holliday | | | Date of Receipt |
| Mailing Address 70 Sixth Avenue | | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Nyack | State NY | Zip Code 10960-1612 | Transaction ID: 17111400 Amount of Each Receipt this Period |
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| Name of Employer Beth Israel Medical Center Diagnos | | n c Radiologist | | |
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| $\left. \right\rangle$ | NAME OF COMMITTEE (In Full) American College of Radiology Associati | on | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Rajesh I. Patel | | | Date of Receipt |
| | Mailing Address 300 E. 33rd St. Apt. 19C | 10 05 2006 | | |
| | City New York | State NY | Zip Code 10016-9463 | Transaction ID: 17111401 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Name of Employer Beth Israel Medical Center | | ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. Rajanikanth Surapaneni | | | Date of Receipt |
| | Mailing Address 10 Todt Hill Court | | | 10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17111402 |
| | Staten Island | NY | 10304-1148 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Beth Israel Medical Center | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| С. | Full Name (Last, First, Middle Initial) Dr. Maria D. Bouzouki | | | Date of Receipt |
| | Mailing Address 1394 York Avenue, #2F | | | 10 05 2006 |
| | City | State | Zip Code | Transaction ID: 17111408 |
| | New York | NY | 10021-3461 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Beth Israel Medical Center | Occupation Diagnost | n ic Radiologist | |
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| | NAME OF COMMITTEE (In Full) | | | | |
| | American College of Radiology Associa | tion | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Stephen A. Okon | Date of Receipt | | | |
| | Mailing Address 752 West End Avenue Apt. 8A | 10 05 2006 | | | |
| | City | | Transaction ID: 17111409 | | |
| | New York | NY | 10025-6230 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 1000.00 |
| | Name of Employer Beth Israel Medical Center | Occupatio Diagnost | n tic Radiologist | | |
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| — В. | Full Name (Last, First, Middle Initial) DR Eric Berkowitz | | | | Date of Receipt |
| | Mailing Address 1365 E 8th St | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | City | State | Zip Code | | Transaction ID: 17111410 |
| | Brooklyn | NY | 11230-5701 | | Amount of Each Receipt this Period |
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| | Name of Employer Beth Israel Medical Center | n tic Radiologist | | | |
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| | Primary General | | 2 | 50.00 | |
| | Other (specify) | | | 30.00 | |
| <u>С</u> . | Full Name (Last, First, Middle Initial) DR Joshua Gross | | | | Date of Receipt |
| | Mailing Address 59 E Concord Dr | | | | 10 05 2006 |
| | City | State | Zip Code | | Transaction ID: 17111411 |
| | Monsey | NY | 10952-1720 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | | 1000.00 |
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| or for commercial purposes | , other than using the name and ad | dress of any political committee to | solicit contributions from such committee. | |
| NAME OF COMMITTE | ' | | | |
| American College of | Radiology Association | | | |
| Full Name (Last, First, N DR Michael Abiri | Middle Initial) | | Date of Receipt | |
| Mailing Address 513 | Harbor Pla | | 10 05 7 9 9 9 | |
| City | State | Zip Code | Transaction ID: 17111412 | |
| West New York | NJ | 07093-8364 | Amount of Each Receipt this Period | |
| FEC ID number of contr federal political committee | | | 1000.00 | |
| Name of Employer St Luke's Hospital | Occupatio Diagnost | n ic Radiologist | | |
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| Full Name (Last, First, Man) 3. Dr. Beth Gail Wadler | Middle Initial) | | Date of Receipt | |
| Mailing Address 139 | E 35th Street Apt. 6C | M M / D D / Y Y Y Y | | |
| O:b. | Ctata | 10 05 2006 | | |
| City New York | State NY | Zip Code 10016-4106 | Transaction ID: 17111420 | |
| • | All and the second | 10016-4106 | Amount of Each Receipt this Period | 7 |
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| Name of Employer Beth Israel Medical Cen | Occupatio | | | |
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| Full Name (Last, First, No. DR Daniel Meltzer | Aiddle Initial) | | Date of Receipt | |
| Mailing Address 145 | W Broadway Fl 5 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State | Zip Code | Transaction ID: 17111421 | |
| New York | NY | 10013-3373 | Amount of Each Receipt this Period | |
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| | | n ic Radiologist | | |
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SCHEDULE A (FEC Form 3X)

PAGE 33 / 78 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page _17** 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. Richard S. Pinto Mailing Address 90 Balsam Court 2006 10 05 Zip Code City State Transaction ID: 17111422 07652-1359 **Paramus** NJ Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Beth Israel Medical Center Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ Receipt For: Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. DR Jeanne W. Baer Date of Receipt Mailing Address 418 High St 05 2006 City Zip Code State Transaction ID: 17111423 Closter NJ 07624-2013 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer St Luke's-Roosevelt Hospi-Occupation Diagnostic Radiologist <u>tal</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) C. DR Carlos Benitez Date of Receipt Mailing Address 400 E 77th St Apt 11D 2006 10 05 Citv State Zip Code Transaction ID: 17111424 New York NY 10021-2325 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer St. Luke's Roosevelt Hosp-Occupation Diagnostic Radiologist ital Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)

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| <u>/</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | Dr. Agnes M. Boxhill | | | Date of Receipt |
| | Mailing Address 45 Oriole AVe. | M M / D D / Y Y Y Y | | |
| | | 10 05 2006 | | |
| | City | State | Zip Code | Transaction ID: 17111448 |
| | Bronxville | NY | 10708-2503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 200.00 |
| | federal political committee. | C | | 800.00 |
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| D | Full Name (Last, First, Middle Initial) Dr. Franciso DeLara | | | Date of Receipt |
| Ь. | | <u> </u> | | |
| | Mailing Address 34 Arden Rd. | 10 05 2006 | | |
| | City | State | Zip Code | Transaction ID: 17111449 |
| | Mountain Lakes | NJ | 07046-1503 | Amount of Each Receipt this Period |
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| Ċ. | Dr. Ronald M. Dreifuss | | | Date of Receipt |
| | Mailing Address 35 Sutton Place | | | 10 05 2006 |
| | Apt. 14E | State | Zip Code | |
| | New York | NY | · | Transaction ID: 17111450 |
| | | INT | 10022-2464 | Amount of Each Receipt this Period |
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| | federal political committee. | | | |
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| <u>/</u> | Full Name (Last, First, Middle Initial) | | | |
| A. | DR David Frager | | | Date of Receipt |
| | Mailing Address 11 Judith Ln | M M / D D / Y Y Y | | |
| | | | | 10 05 2006 |
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| | federal political committee. | C | | 1000.00 |
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| | Name of Employer St. Luke's - Roosevelt Ho- | Occupation | | |
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| В. | Full Name (Last, First, Middle Initial) Dr. Adie Friedman | | | Date of Receipt |
| υ. | Mailing Address 245 7th Ave. | <u> </u> | | |
| | Apt. 10A | 10 05 2006 | | |
| | City | Transaction ID: 17111452 | | |
| | New York | State NY | Zip Code 10001-7301 | Amount of Each Receipt this Period |
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| C | Full Name (Last, First, Middle Initial) Dr. Bradley J. Handler | | | Date of Receipt |
| ٥. | Mailing Address 104 W. 76th St. | | | M M / D D / Y Y Y Y |
| | Apt. 3 | | | 10 05 2006 |
| | City | State | Zip Code | Transaction ID: 17111499 |
| | New York | NY | 10023-8440 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 1000.00 |
| | federal political committee. | C | | 1000.00 |
| | Name of European | Occupation | _ | _ |
| | Name of Employer West Side Radiology | | | |
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| NAME OF COMMITTEE (In Full) | | | | |
| American College of Radiology Assoc | iation | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| Dr. Gordon David Heller | | | Date of Receipt | |
| Mailing Address 35 East 85th Street Apt. 4F | | | 10 05 2006 | |
| City | State | Zip Code | Transaction ID: 17111500 | |
| New York | NY | 10028-0954 | Amount of Each Receipt this Period | |
| FEC ID number of contributing | C | | 500.00 | |
| federal political committee. | O | | | |
| Name of Employer Beth Israel Medical Center | Occupation | | | |
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| Other (specify) | | 500.00 | | |
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| Full Name (Last, First, Middle Initial) 3. DR Carol Hilfer | , , , , | | | |
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| | 10 05 2006 | | | |
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| New York | NY | 10024-1616 | Amount of Each Receipt this Period | |
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| Name of Employer St Luke's Hospital Center | Occupation | | | |
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| Full Name (Last, First, Middle Initial) DR Karen Garfield | | | Date of Receipt | |
| Mailing Address 1675 York Ave Apt 32 | K | | M M / D D / Y Y Y Y | |
| City | State | Zip Code | 1 0 0 5 2 0 0 6 Transaction ID: 17111502 | |
| New York | NY | 10128-6761 | Amount of Each Receipt this Period | |
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| federal political committee. | C | | 1000.00 | |
| Name of Employer St. Luke's Roosevelt Hosp- | Occupation | n | \dashv | |
| St. Luke's Roosevelt Hosp- ital Center | Diagnost | ic Radiologist | | |
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| abla | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | American College of Radiology Associa | tion | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Sherman Scott Lipschitz | | | Date of Receipt |
| | Mailing Address 425 East 58th Street Apt. 3D | | | 10 05 7 2006 |
| | City | State | Zip Code | Transaction ID: 17111503 |
| | New York | NY | 10022-2300 | Amount of Each Receipt this Period |
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| | Name of Employer West Side Radiology | Occupation | n ic Radiologist | |
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| В. | Full Name (Last, First, Middle Initial) Dr. Daniel Lefton | | | Date of Receipt |
| | Mailing Address 1930 Broadway Apt. 24H | 10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State | Zip Code | Transaction ID: 17111506 |
| | New York | NY | 10023-6936 | Amount of Each Receipt this Period |
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| | Name of Employer Beth Israel Medical Center | Occupation | n ic Radiologist | 7 |
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| | Primary General | 00 0 | | 1 |
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| <u>С</u> . | Full Name (Last, First, Middle Initial) DR Stephen Manghisi | | | Date of Receipt |
| | Mailing Address 11 Parsells Ct | | | 10 05 2006 |
| | City | State | Zip Code | Transaction ID: 17111507 |
| | Closter | NJ | 07624-2915 | Amount of Each Receipt this Period |
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| | Name of Employer St Luke's/Roosevelt Hospi- tal | Occupation Diagnost | n ic Radiologist | |
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| NAME OF COMMITTEE (In Full) | | | |
| American College of Radiology Associat | tion | | |
| Full Name (Last, First, Middle Initial) A. DR Alexis Kladakis | | | Date of Receipt |
| Mailing Address 8557 Doveton Cir | | | 10 06 7 2006 |
| City | State | Zip Code | Transaction ID: 17167497 |
| <u>Vienna</u> | VA | 22182-3779 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 200.00 |
| Name of Employer Washington Radiology Asso- ciates | Occupation Diagnosti | n c Radiologist | |
| Receipt For: | | Year-to-Date ▼ | |
| Primary General | | 225.00 | 1 |
| Other (specify) ▼ | 0 0 | 223.00 | |
| Full Name (Last, First, Middle Initial) 3. DR Daniel Marder | | | Date of Receipt |
| Mailing Address Washington Radiology A 2141 K St NW Ste 900 | 10 06 2006 | | |
| City | State | Zip Code | Transaction ID: 17167504 |
| Washington | DC | 20037-1810 | Amount of Each Receipt this Period |
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| Full Name (Last, First, Middle Initial) D. DR Geoffrey Smith | | | Date of Receipt |
| Mailing Address Casper Medical Imaging 419 S Washington St | | | 10 06 7 2006 |
| City | State | Zip Code | Transaction ID: 17167507 |
| Casper | WY | 82601-2951 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 300.00 |
| Name of Employer Casper Medical Imaging | Occupation Diagnosti | n c Radiologist | |
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| | Full Name (Last, First, Middle Initial) | | | | |
| Α. | DR David Williams | | | Date of Receipt | |
| | Mailing Address 937 S Lincoln St | | | 10 06 | 2006 |
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| | Casper | WY | 82601-3328 | Amount of Each Red | |
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| | federal political committee. | C | | | 120.00 |
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| | Name of Employer Casper Medical Imaging, | Occupation | | | |
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| В. | | | | Date of Receipt | |
| | Mailing Address 5280 Squaw Creek Rd | | | M M / D D D 0 6 | 2006 |
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| | Casper | WY | 82604-4257 | Transaction ID: 17 | |
| | • | 02004-4237 | | Amount of Each Red | elpt this Period |
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| C. | DR Thomas Cunningham, III | | | Date of Receipt | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associat | ion | | |
| Α. | Full Name (Last, First, Middle Initial) DR Boris A. Karaman | | | Date of Receipt |
| | Mailing Address Casper Medical Imaging 419 S Washington St Ste | | | 10 06 7 906 |
| | City | State | Zip Code | Transaction ID: 17167516 |
| | Casper | WY | 82601-2951 | Amount of Each Receipt this Period |
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| | Name of Employer Casper Medical Imaging | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 360.00 | 1 |
| | Other (specify) ▼ | 0 0 | 300.00 | |
| В. | Full Name (Last, First, Middle Initial) DR Paul Peters | | | Date of Receipt |
| | Mailing Address 3850 E 14 Apt U | | | 10 06 YYYYY 10 06 2006 |
| | City | State | Zip Code | Transaction ID: 17167517 |
| | Casper | WY | 82609-3100 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer Casper Medical Imaging, P.C. | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 450.00 | 1 |
| | Other (specify) ▼ | | 450.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Steven Horn | | | Date of Receipt |
| | Mailing Address Casper Radiology Group 419 S Washington St Ste | 10 06 YYYYY 10 06 2006 | | |
| | City | State | Zip Code | Transaction ID: 17167518 |
| | Casper | WY | 82601-2951 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 120.00 |
| | Name of Employer Casper Medical Imaging, | Occupation | | 7 |
| | P.C. | | ic Radiologist | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | American College of Radiology Associa | tion | | |
| Α. | Full Name (Last, First, Middle Initial) DR lan Peterkin | | | Date of Receipt |
| | Mailing Address 2902 Oak Shadow Dr | | | 10 06 2006 |
| | City | State | Zip Code | Transaction ID: 17167596 |
| | Oak Hill | VA | 20171-4200 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Washington Radilogy Assoc | | c Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | 1 |
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| В. | Full Name (Last, First, Middle Initial) DR Michael Levine | | | Date of Receipt |
| | Mailing Address Lake Medical Imaging 801 E Dixie Ave Ste 104 | 10 09 2006 | | |
| | City | State | Zip Code | Transaction ID: 17190613 |
| | Leesburg | FL | 34748-7601 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Radiology Associates of | Occupation | | |
| | Central Florid | <u> </u> | c Radiologist | _ |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | _ |
| | Other (specify) | | 500.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr. Pairoj Sea Chang | | | Date of Receipt |
| | Mailing Address Radiology Assoc of Central Floor 801 E Dixie Avenue Suite 104 | | | 10 09 YYYYY 10 09 2006 |
| | City | State | Zip Code | Transaction ID: 17190614 |
| | Leesburg | FL | 34748-7600 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Radiology Associates of Central Florid | · · · · · · · · · · · · · · · · · · · | c Radiologist | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | - |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | |
| \geq | American College of Radiology Associa | ation | | | |
| A. | Full Name (Last, First, Middle Initial) DR Ana Lourenco | | | Date of Receipt | |
| | Mailing Address 21 Hines Rd | Otata | 7'- 0-4- | 10 09 | 2006 |
| | City Cumberland | State RI | Zip Code | Transaction ID: 17 | |
| | | nı . | 02864-6179 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 250.00 |
| | Name of Employer Rhode Island Hospital | Occupation Resident | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | |
| | Primary General | | 250.00 | | |
| | Other (specify) ▼ | 0 0 | | | |
| R | Full Name (Last, First, Middle Initial) DR Marlene Rackson | | | Date of Receipt | |
| | Mailing Address 2000 Broadway Apt 22 | С | | M M / D D D 1 0 9 | 2006 |
| | City | State | Zip Code | Transaction ID: 17 | '190616 |
| | New York | NY | 10023-5044 | Amount of Each Re | |
| | FEC ID number of contributing federal political committee. | C | | | 1000.00 |
| | Name of Employer Beth Israel Hospital | Occupation | | | |
| | | | ic Radiologist | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | |
| | Other (specify) | | 1000.00 | | |
| <u> </u> | Full Name (Last, First, Middle Initial) DR James Hendrix | | | Date of Receipt | |
| | Mailing Address 6112 Beaver Creek Rd | | | 1 0 D D 1 0 | 2006 |
| | City | State | Zip Code | Transaction ID: 17 | '205393 |
| | Oklahoma City | OK | 73162-3412 | Amount of Each Re | ceipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 500.00 |
| | Name of Employer Radiology Consultants, In- c. | Occupation Diagnost | n ic Radiologist | | |
| | Receipt For: | | Year-to-Date ▼ | | |
| Primary General | | | 500.00 | | |
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| NAME OF COMMITTEE (In Full) | | <u> </u> | |
| American College of Radiology Association | ion | | |
| Full Name (Last, First, Middle Initial) DR David Cheng | | | Date of Receipt |
| Mailing Address Advanced Radiology 525 Broad St Ste 202 | | | 10 12 2006 |
| City <u>Cumberland</u> | State RI | Zip Code 02864-6919 | Transaction ID: 17229123 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Advanced Radiology | Occupation Diagnost | n c Radiologist | |
| Receipt For: Primary General | | Year-to-Date ▼ | |
| Other (specify) ▼ | 0 0 | 250.00 | |
| Full Name (Last, First, Middle Initial) 3. DR Benjamin Z. Stallings, II | | | Date of Receipt |
| Mailing Address 2100 Sahalea Ter | | | 10 12 2006 |
| City | State | Zip Code | Transaction ID: 17229124 |
| Silver Spring | MD | 20905-3900 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
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| Other (specify) ▼ | 0 0 | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr. Michael J. Rieder | | | Date of Receipt |
| Mailing Address 319 S. Sterling Rd. | | | 10 12 2006 |
| City | State | Zip Code | Transaction ID: 17229852 |
| Elkins Park | PA | 19027-2115 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Radiology Affiliates of | Occupation | | |
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| | Full Name (Last, First, Middle Initial) | | | 5. (5.). | |
| Α. | DR Michael Ryvicker | | | Date of Receipt | |
| | Mailing Address 46 Alton Rd | | | 1 0 1 i | |
| City | | State | Zip Code | Transaction ID: 1 | |
| | Providence | RI | 02906-4704 | Amount of Each F | |
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| | Name of Employer Rhode Island Medical Imag- | Occupation | | | |
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| В. | | | | Date of Receipt | |
| | Mailing Address Radiological Assoc of S | Sacramento | | |) / Y 'Y 'Y 'Y |
| | 1500 Expo Pkwy | | 7. 0. | 10 1: | |
| | City | State | Zip Code | Transaction ID: 1 | |
| | Sacramento | CA | 95815-4227 | Amount of Each F | Receipt this Period |
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| | rederal political committee. | | | | |
| | Name of Employer Radiological Assoc. of Sa- | Occupation | า | | |
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| | Full Name (Last, First, Middle Initial) | | | + | |
| C. | DR George Bolton | | | Date of Receipt | |
| | Mailing Address 133 Yankton St | | | M M / D 0 | |
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| | City | State | Zip Code | Transaction ID: 1 | |
| | Folsom | CA | 95630-8140 | Amount of Each F | Receipt this Period |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associa | tion | | |
| ۹. | Full Name (Last, First, Middle Initial) DR Jonathan Breslau Mailing Address Rad Assoc of Sacramen | to | | Date of Receipt |
| | 1500 Expo Pkwy | | | 10 12 2006 |
| | City Sacramento | State CA | Zip Code 95815-4227 | Transaction ID: 17229980 |
| | FEC ID number of contributing federal political committee. | C | 93013-4227 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Radiological Associates of Sacramento Receipt For: □ Primary □ General Other (specify) ▼ | | n ic Radiologist e Year-to-Date ▼ 1050.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR Christopher Chong Mailing Address 27075 E El Macero | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17229982 |
| | El Macero FEC ID number of contributing federal political committee. | CA | 95618-1006 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Radiological Assoc. of Sacramento Receipt For: Primary General Other (specify) | | n ic Radiologist e Year-to-Date ▼ 550.00 | |
|). | Full Name (Last, First, Middle Initial) DR Huu-Ninh Dao | | | Date of Receipt |
| | Mailing Address 2627 Rockwell Dr | | | 10 12 2006 |
| | City | State | Zip Code | Transaction ID: 17229992 |
| | Davis FEC ID number of contributing federal political committee. | CA | 95616-7664 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Radiological Associates of Sacramento Receipt For: ☐ Primary ☐ General Other (specify) ▼ | | n ic Radiologist e Year-to-Date ▼ 745.00 | |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associati | on | | |
| ۹. | Full Name (Last, First, Middle Initial) DR John De la Vega | | | Date of Receipt |
| | Mailing Address Rad Assoc of Sacrament 1500 Expo Pkwy | 0 | | 10 12 2006 |
| | City | State | Zip Code | Transaction ID: 17229993 |
| | Sacramento | CA | 95815-4227 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
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| | Primary General Other (specify) ▼ | 0 0 | 1100.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR Scott Foster | | | Date of Receipt |
| | Mailing Address Radiological Assoc of Sa 1500 Expo Pkwy | cramento | | 10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17229994 |
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| | cramento Receipt For: | | c Radiologist Year-to-Date ▼ | - |
| | Primary General Other (specify) ▼ | 139 13411 | 550.00 | |
|). | Full Name (Last, First, Middle Initial) DR Hani Greiss | | | Date of Receipt |
| Mailing Address Radiological Assoc of Sacramer 1500 Expo Pkwy | | | | 10 12 7 2006 |
| | City | State | Zip Code | Transaction ID: 17229995 |
| | Sacramento | CA | 95815-4227 | Amount of Each Receipt this Period |
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PAGE 47 / 78 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) A. DR Jeffrey Kuo Date of Receipt Mailing Address 2619 Mariella Dr 10 12 2006 Zip Code City State Transaction ID: 17229996 Rocklin CA 95765-5618 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer Radiological Assoc. of Sa-Occupation Diagnostic Radiologist cramento Aggregate Year-to-Date ▼ Receipt For: Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Don Charles Loomer Date of Receipt Mailing Address 937 Stillspring Court 12 2006 City State Zip Code Transaction ID: 17229999 Vacaville CA 95687-7704 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Radiological Assoc. of Sa-Occupation Diagnostic Radiologist cramento Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) C. DR Vartan Malian Date of Receipt Mailing Address 100 Crane Meadow Ct 2006 10 12 Citv State Zip Code Transaction ID: 17230000 Roseville CA 95661-4030 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Radiological Assoc. of Sa-Occupation Diagnostic Radiologist cramento Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 625.00 SUBTOTAL of Receipts This Page (optional)

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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associa | ation | | |
| Α. | Full Name (Last, First, Middle Initial) DR Mylon Marshall | | | Date of Receipt |
| | Mailing Address 2201 Lassen PI | | | 10 12 2006 |
| | City | State | Zip Code | Transaction ID: 17230001 |
| | Davis | CA | 95616-6604 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Radiological Assoc. of Sacramento Receipt For: Primary Other (specify) | | n ic Radiologist Year-to-Date ▼ |] |
| R | Full Name (Last, First, Middle Initial) DR Charles McDonnell, III | | | Date of Receipt |
| υ. | Mailing Address 5436 Ridge Park Dr | | | M M / D D / Y Y Y Y |
| | | 10 12 2006 | | |
| | City | State | Zip Code | Transaction ID: 17230002 |
| | Loomis | CA | 95650-7701 | Amount of Each Receipt this Period |
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| | Name of Employer Radiological Assoc. of Sa- cramento Receipt For: Primary General Other (specify) ▼ | | n ic Radiologist Year-to-Date ▼ 550.00 | |
| | Full Name (Last, First, Middle Initial) DR Miyuki Murphy | | | Date of Receipt |
| • | Mailing Address 5198 Prior Rdg | | | M M / D D / Y Y Y Y Y 1 Y 1 1 D 1 2 2 0 0 6 |
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| | Granite Bay | CA | 95746-7186 | Amount of Each Receipt this Period |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associa | ition | | |
| A. | Full Name (Last, First, Middle Initial) DR Narasimhachari Raghavan | | | Date of Receipt |
| | Mailing Address 3157 Oak Cliff Cir | | | 10 12 2006 |
| | City | State | Zip Code | Transaction ID: 17230008 |
| | Carmichael | CA | 95608-4571 | Amount of Each Receipt this Period |
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| В. | Full Name (Last, First, Middle Initial) DR Christopher Schaefer | | | Date of Receipt |
| | Mailing Address Radiological Assoc of S | M M / D D / Y Y Y Y | | |
| | 1500 Expo Pkwy | | | 10 12 2006 |
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| | Sacramento | CA | 95815-4227 | Amount of Each Receipt this Period |
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| | Other (specify) | | 550.00 | |
| — С. | Full Name (Last, First, Middle Initial) DR Albert Schraner | | | Date of Receipt |
| J . | Mailing Address 5300 Tufts St | | | M M / D D / Y Y Y Y |
| | | | | 10 12 2006 |
| | City | State | Zip Code | Transaction ID: 17230010 |
| | Davis | CA | 95616-7219 | Amount of Each Receipt this Period |
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| American College of Radiology Asso | ciation | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| A. DR David Seidenwurm Mailing Address 2806 Hoffman Bluff \ | May | | Date of Receipt | | |
| Mailing Address 2006 Hollillali Blull V | way | | 10 12 2006 | | |
| City | State | Zip Code | Transaction ID: 17230011 | | |
| Carmichael | CA | 95608-4522 | Amount of Each Receipt this Period | | |
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| Full Name (Last, First, Middle Initial) 3. DR Christopher Simopoulos | | | Date of Receipt | | |
| Mailing Address Rad Assoc of Sacrar | nento | | M M / D D / Y Y Y Y | | |
| 1500 Expo Pkwy | | | 10 12 2006 | | |
| City | State | Zip Code | Transaction ID: 17230012 | | |
| Sacramento | CA | 95815-4227 | Amount of Each Receipt this Period | | |
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| Full Name (Last, First, Middle Initial) | | | Date of Receipt | | |
| DR James Steidler Mailing Address 1806 Vela PI | | | M M / D D / Y Y Y Y | | |
| | | | 10 12 2006 | | |
| City | State | Zip Code | Transaction ID: 17230015 | | |
| Davis | CA | 95616-6760 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | | | | | |
| Name of Employer Radiological Assoc. of Sa- | Occupation | | | | |
| cramento Receipt For: | <u> </u> | ic Radiologist e Year-to-Date ▼ | \dashv | | |
| Primary General | , iggi cgale | | 1 | | |
| Other (specify) ▼ | | 550.00 | | | |
| | | | | | |
| 750.00 | | | | | |
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| TOTAL This Period (last page this line number | er only) | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 78 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associat | ion | | |
| ۸. | Full Name (Last, First, Middle Initial) DR Calvin Wang Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy City State Zip Code | | | Date of Receipt M M |
| | Sacramento FEC ID number of contributing federal political committee. Name of Employer | CA C Occupation | 95815-4227 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Radiological Assoc. of Sa- cramento Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Diagnost | ic Radiologist e Year-to-Date ▼ 550.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR David Winfield Mailing Address Rad Assoc of Sacrament 1500 Expo Pkwy | to | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Sacramento FEC ID number of contributing federal political committee. | State CA | Zip Code 95815-4227 | Transaction ID: 17230018 Amount of Each Receipt this Period 250.00 |
| | Name of Employer Radiological Assoc. of Sacramento Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | | n ic Radiologist e Year-to-Date ▼ | |
| | Full Name (Last, First, Middle Initial) DR Dylan Witt Mailing Address 3636 Washoe St | | | Date of Receipt |
| | City Davis | State CA | Zip Code 95616-5087 | Transaction ID: 17230019 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. Name of Employer Radiological Assoc. of Sacramento Receipt For: Primary General Other (specify) Other (specify) | | n ic Radiologist e Year-to-Date ▼ | 250.00 |
| s | UBTOTAL of Receipts This Page (optional) | | | 750.00 |
| т. | OTAL This Period (last page this line number on | lv) | | |

| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 52 / 78 |
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| | | | Use separate schedule(s) or each category of the | (check only one) |
| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
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| An or | y information copied from such Reports and Stat for commercial purposes, other than using the na | ements may ame and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | American College of Radiology Associat | ion | | |
| ۸. | Full Name (Last, First, Middle Initial) DR Michael Haseman | | | Date of Receipt |
| | Mailing Address 4713 Firebird Lane | | | 10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17230020 |
| | Sacramento | CA | 95841-4550 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Radiological Assoc. of Sa- cramento | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 550.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR Sharon Dutton | | | Date of Receipt |
| | Mailing Address Rad Assoc of Sacramen 1500 Expo Pkwy | | | 10 12 7 2006 |
| | City | State | Zip Code | Transaction ID: 17230022 |
| | Sacramento | CA | 95815-4227 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Radiological Assoc. of Sa- | Occupation | | |
| | cramento Receipt For: | | ic Radiologist • Year-to-Date ▼ | _ |
| | Primary General | Aggregate | : Teal-10-Date V | 1 |
| | Other (specify) ▼ | 0 0 | 550.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Roger Gilbert | | | Date of Receipt |
| | Mailing Address Rad Assoc of Sacramen 1500 Expo Pkwy | | 7: 0.1 | 10 12 2006 |
| | City | State CA | Zip Code | Transaction ID: 17230023 |
| | Sacramento | CA | 95815-4227 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Radiological Assoc. of Sa- | Occupation | | |
| | cramento | | Oncologist | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 550.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 750.00 |
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PAGE 53 / 78 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Date of Receipt DR Brian Goldsmith Mailing Address Radiological Assoc of Sacramento 10 2006 1500 Expo Pkwy 12 Zip Code City State Transaction ID: 17230024 Sacramento CA 95815-4227 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer Radiological Assoc. of Sa-Occupation Radiation Oncologist cramento Aggregate Year-to-Date ▼ Receipt For: Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. DR Susan Lee Date of Receipt Mailing Address Radiological Assoc of Sacramento 12 2006 1500 Expo Pkwy City State Zip Code Transaction ID: 17230028 Sacramento CA 95815-4227 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Radiological Assoc. of Sa-Occupation Radiation Oncologist cramento Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) C. DR Mark Logsdon Date of Receipt Mailing Address Rad Associates of Sacramento 2006 10 12 1500 Expo Pkwy Citv State Zip Code Transaction ID: 17230029 Sacramento CA 95815-4227 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Radiological Assoc. of Sa-Occupation Radiation Oncologist cramento Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 54 / 78 |
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| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associa | ition | | |
| A. | | | | Date of Receipt |
| | Mailing Address Rad Assoc of Sacramer 2800 L ST STE 10 | nto | | 10 12 2006 |
| | City | State | Zip Code | Transaction ID: 17230030 |
| | Sacramento | CA | 95816-5616 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 125.00 |
| | Name of Employer Radiological Assoc. of Sa- cramento | Occupation Radiation | n n Oncologist | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | | 275.00 | 1 |
| | Other (specify) | 0 0 | 273.00 |] |
| — В. | Full Name (Last, First, Middle Initial) DR David Buck | | | Date of Receipt |
| | Mailing Address 144 Penhurst Dr | | | M M / D D / Y Y Y Y |
| | | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17376774 |
| | Pittsburgh | PA | 15235-5320 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Greensburg X-Ray Associat- | Occupation | n ic Radiologist | |
| | es Receipt For: | | e Year-to-Date ▼ | |
| | Primary General | 1 99. 19 | | 1 |
| | Other (specify) ▼ | 0 0 | 500.00 | |
| <u>С.</u> | Full Name (Last, First, Middle Initial) DR P Lynwood Stagg, III | | | Date of Receipt |
| J . | Mailing Address 115 Pearce Dr | | | M M / D D / Y Y Y Y |
| | | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17376775 |
| | Jamestown | NC | 27282-8444 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| High Point Radiological Diagnot Receipt For: Aggreg | | Occupation | | |
| | | | ic Radiologist | |
| | | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | | 500.00 | |
| | | | | 1 |
| s | UBTOTAL of Receipts This Page (optional) | | | 625.00 |
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| 1 T | OTAL This Period (last page this line number of | nlv) | | |

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| | EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | (check only one) |
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| or | y information copied from such Reports and Sta for commercial purposes, other than using the n | name and ad | dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| \angle | American College of Radiology Associa | tion | | |
| A. | Full Name (Last, First, Middle Initial) DR John Cassese | | | Date of Receipt |
| | Mailing Address 200 Boulder Way | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17376778 |
| | East Greenwich | RI | 02818-5101 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 75.00 |
| | Name of Employer Rhode Island Medical Imag- ing | Occupatio Diagnost | n tic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | | 300.00 | 1 |
| | Other (specify) | | 300.00 | J. |
| В. | Full Name (Last, First, Middle Initial) DR Michael DeVenny | | | Date of Receipt |
| | Mailing Address 3090 Yorktown Dr | | | M M / D D / Y Y Y Y Y Y Y Y 1 1 8 2 0 0 6 |
| | City | State | Zip Code | Transaction ID: 17376780 |
| | Tuscaloosa | AL | 35406-2713 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer The Radiology Clinic | Occupatio Diagnost | n tic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General | 1 | 1000.00 | 7 |
| | Other (specify) | | 1000.00 | 1 |
| C . | Full Name (Last, First, Middle Initial) DR Bill Warren | | | Date of Receipt |
| | Mailing Address UWMC Box 357115 | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17376781 |
| | Seattle | WA | 98195-0001 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer University of Washington | Occupatio Diagnost | n tic Radiologist | 7 |
| | Receipt For: | - | e Year-to-Date ▼ | 7 |
| | Primary General | | | 7 |
| | Other (specify) ▼ | | 1000.00 | |
| | | | | 575.00 |
| S | UBTOTAL of Receipts This Page (optional) | | | 070.00 |

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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 56 / 78 |
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| ITEMIZED RECEIPTS | | | or each category of the | (check only one) |
| ••• | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Ar | y information copied from such Reports and Si | tatements may | not be sold or used by any pers | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associ | ation | | |
| A. | Full Name (Last, First, Middle Initial) DR Murray Becker | | | Date of Receipt |
| | Mailing Address 56 Independence Dr | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378221 |
| | East Brunswick | NJ | 08816-3286 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 30.00 |
| | Name of Employer Columbia-Presbyterian Med Ctr | Occupation | n ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 240.00 | 7 |
| | Other (specify) ▼ | | 240.00 | |
| В. | Full Name (Last, First, Middle Initial) DR Elizabeth D'Angelo | | | Date of Receipt |
| | Mailing Address 108 Bur Ben Ln | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378222 |
| | New Bern | NC | 28560-7520 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Coastal Radiology | Occupation | n ic Radiologist | |
| | Receipt For: | | Year-to-Date V | \dashv |
| | Primary General | 33 -3 | | 7 |
| | Other (specify) ▼ | | 1000.00 | |
| C. | Full Name (Last, First, Middle Initial) DR William Ketcham, II | | | Date of Receipt |
| | Mailing Address 10009 Knowlwood Rd | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378223 |
| | Cheyenne | WY | 82009-8362 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer Baylor College of Medicine | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General | | | 400.00 | 7 |
| _ | Other (specify) ▼ | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 170.00 |
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| T | OTAL This Period (last page this line number | | | |

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| 5 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| ITEMIZED RECEIPTS | | or each category of the | | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | 13 14 15 16 17 |
| Δr | ny information copied from such Reports and St | atements may | y not be sold or used by any person | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| $ \rangle$ | American College of Radiology Associa | ation | | |
| | American conege of Hadiology Associa | 2011 | | |
| | Full Name (Last, First, Middle Initial) | | | |
| A. | DR Anna Chacko | | | Date of Receipt |
| | Mailing Address 9 Fieldstone Dr | | | M M / D D / Y Y Y Y |
| | | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378224 |
| | Winchester | MA | 01890-3257 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | E0.00 |
| | federal political committee. | C | | 50.00 |
| | | 10 | | _ |
| | Name of Employer Lahey Clinic Med Ctr | Occupation | | |
| | 5 | | ic Radiologist | _ |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 500.00 | |
| | Other (specify) | 1 1 | | 1 |
| | E. II Nicoco (Local, Elical, Middle Lettical) | | | |
| В. | Full Name (Last, First, Middle Initial) DR Rajiv Sharma | | | Date of Receipt |
| ٥. | Mailing Address Charlotte Radiology | | | M M / D D / Y Y Y Y |
| | 1701 East Blvd | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378225 |
| | Charlotte | NC | 28203-5823 | Amount of Each Receipt this Period |
| | • | | 20200 0020 | |
| | FEC ID number of contributing federal political committee. | C | | 42.00 |
| | | | | |
| | Name of Employer Charlotte Radiology | Occupation | | |
| | | _ · _ · | ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 420.00 | 1 |
| | Other (specify) | | 420.00 | |
| | | | | |
| C | Full Name (Last, First, Middle Initial) DR Andrew Beloni | | | Date of Receipt |
| ٥. | Mailing Address 5624 Laurium Rd | | | M M / D D / Y Y Y Y |
| | Maining Address 5024 Launum Ad | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378227 |
| | Charlotte | NC | 28226-5610 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 45.00 |
| | | | | |
| | Name of Employer Charlotte Radiology | Occupation | | |
| | | | ic Radiologist | _ |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 405.00 | |
| | Other (specify) | 0 0 | | 1 |
| | | | | <u></u> |
| | | | | 137.00 |
| Ls | UBTOTAL of Receipts This Page (optional) | | | 107.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 78 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| An or | y information copied from such Reports and State for commercial purposes, other than using the na | ements may me and add | not be sold or used by any persoress of any political committee to | n for the purpose of soliciting contributions |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American College of Radiology Associati | on | | |
| ۹. | Full Name (Last, First, Middle Initial) DR David Marcantonio Mailing Address William Beaumont Hosp | | | Date of Receipt |
| | 3601 W 13 Mile Rd | | | 10 18 2006 |
| | City Royal Oak | State MI | Zip Code 48073-6712 | Transaction ID: 17378228 |
| | FEC ID number of contributing federal political committee. | C | 40073-0712 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Georgia West Imaging | | c Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR Stephen Agatston | | | Date of Receipt |
| | Mailing Address 3206 Saint Johns Dr | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378230 |
| | Dallas FEC ID number of contributing federal political committee. | C | 75205-2919 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer Self-employed | Occupation Diagnosti | c Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
|). | Full Name (Last, First, Middle Initial) DR Kent Lancaster | | | Date of Receipt |
| Mailing Address Radiology Associates of Berrien 777 Riverview Dr Ste D208 | | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378231 |
| | Benton Harbor FEC ID number of contributing federal political committee. | C | 49022-5033 | Amount of Each Receipt this Period 42.00 |
| | Name of Employer Radiology Associates of Berrie | Occupation Diagnosti | c Radiologist | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | | 420.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 192.00 |
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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 59 / 78 |
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| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | American College of Radiology Associa | ation | | |
| A. | Full Name (Last, First, Middle Initial) DR Lonnie Simmons | | | Date of Receipt |
| | Mailing Address Gundersen Lutheran Cl 1900 South Ave | linic | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378232 |
| | <u>La Crosse</u> | WI | 54601-5467 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 41.67 |
| | Name of Employer Gundersen Lutheran Clinic | Occupation Diagnosti | n ic Radiologist | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 416.70 |] |
| В. | Full Name (Last, First, Middle Initial) DR Terry Martin | | | Date of Receipt |
| | Mailing Address Rad Assoc of Biirmingh | | | 10 18 2006 |
| | 2090 Columbiana Rd S | State | Zip Code | Transaction ID: 17378233 |
| | Birmingham | AL | 35216-2152 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Rad Assoc of Biirmingham PC | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 |] |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Douglas Picton | | | Date of Receipt |
| ٥. | Mailing Address 1911 NC Highway 121 | | | M M / D D / Y Y Y Y |
| | | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378234 |
| | Greenville | NC | 27834-7187 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| Eastern Radiológists Diag | | | ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 400.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 181.67 |
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| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 60 / 78 (check only one) |
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| 11 | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| An or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | American College of Radiology Associate | tion | | |
| ۸. | Full Name (Last, First, Middle Initial) DR Daniel Cohen | | | Date of Receipt |
| | Mailing Address 1480 Brookfield Road | | | 10 18 7 2006 |
| | City | State | Zip Code | Transaction ID: 17378235 |
| | Yardley | PA | 19067-3930 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer Radiology Affiliates of Central NJ | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 400.00 | |
| 3. | Full Name (Last, First, Middle Initial) DR Michael Tripp | | | Date of Receipt |
| | Mailing Address 751 Lexington Dr | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378236 |
| | Greenville | NC | 27834-0508 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer Eastern Radiologists | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 400.00 | |
| | Full Name (Last, First, Middle Initial) DR Brian Kuszyk | | | Date of Receipt |
| | Mailing Address 3219 Old Oak Walk | | | 10 18 2006 |
| | City | State | Zip Code | Transaction ID: 17378241 |
| | Greenville | NC | 27858-8441 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer Eastern Radiologists | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 400.00 | |
| SI | JBTOTAL of Receipts This Page (optional) | | | 120.00 |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 61 / 78 (check only one) |
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| •• | | | Detailed Summary Page | X 11a 11b 11c 12 15 16 17 |
| Ar or | y information copied from such Reports and St for commercial purposes, other than using the | atements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) American College of Radiology Associa | ation | | |
| Α. | Full Name (Last, First, Middle Initial) Eric M. Martin | | | Date of Receipt |
| | Mailing Address 9 Doctors Park | | | 10 18 2006 |
| | City Greenville | State NC | Zip Code 27834-2801 | Transaction ID: 17378242 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 40.00 |
| | Name of Employer Eastern Radiologists | | ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 400.00 | |
| В. | Full Name (Last, First, Middle Initial) Roger Vithalani | | | Date of Receipt |
| | Mailing Address 516 Chesapeake PI | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17378243 |
| | Greenville FEC ID number of contributing federal political committee. | NC C | 27858-0678 | Amount of Each Receipt this Period 40.00 |
| | Name of Employer Eastern Radiologists | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 400.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Raja Cheruvu | | | Date of Receipt |
| | Mailing Address 165 Via Foresta Ln | | | 10 18 2006 |
| | City Williamsville | State NY | Zip Code 14221-1984 | Transaction ID: 17378244 |
| | FEC ID number of contributing federal political committee. | C | 14221-1904 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer Baylor College of Medicine | | ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 500.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 130.00 |

| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 62 / 78 (check only one) |
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| Any information copied from such Reports and Sta or for commercial purposes, other than using the n | atements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | , , , , , , , , , , , , , , , , , , , | |
| American College of Radiology Associa | tion | | |
| Full Name (Last, First, Middle Initial) DR Jeffrey Mewborne | | | Date of Receipt |
| Mailing Address 1702 S Thames Ct | | | 10 18 2006 |
| City Greenville | State NC | Zip Code | Transaction ID: 17378247 |
| • | | 27858-8130 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 40.00 |
| Name of Employer Eastern Radiologists | Occupation Diagnost | ⁿ ic Radiologist | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 400.00 | |
| Full Name (Last, First, Middle Initial) 3. DR Randall Stickney | | | Date of Receipt |
| Mailing Address 10620 S 77th East Ave | | | 10 18 2006 |
| City | State | Zip Code | Transaction ID: 17378248 |
| Tulsa | OK | 74133-6837 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer Oklahoma State Rad Society | Occupation Diagnost | ⁿ ic Radiologist | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 250.00 | |
| Full Name (Last, First, Middle Initial) D. DR Ira Adler | | | Date of Receipt |
| Mailing Address 1811 Bloomsbury Rd | | | 10 18 7 2006 |
| City | State | Zip Code | Transaction ID: 17378250 |
| Greenville | NC | 27858-9617 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 40.00 |
| Name of Employer Eastern Radiologists | Occupation Diagnost | n ic Radiologist | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 400.00 | |
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| TOTAL This Period (last page this line number or | nly) | | |

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| or | for commercial purposes, other than using the n | ame and add | lress of any political committee to | solicit contributions from such committee. | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | American College of Radiology Associa | tion | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) DR H E. Longmaid, III | | | Date of Receipt | | | | | | | | |
| | Mailing Address 52 Harwich Rd | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378251 | | | | | | | | |
| | Chestnut Hill | MA | 02467-3023 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 42.00 | | | | | | | | |
| | Name of Employer Deaconess Hospital | Occupation Diagnosti | n ic Radiologist | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | | 1 | | | | | | | | |
| | Other (specify) ▼ | | 420.00 | | | | | | | | | |
| | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) DR Eric Sax | | | Date of Receipt | | | | | | | | |
| | Mailing Address 9 Old Sudbury Rd | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378252 | | | | | | | | |
| | Lincoln | MA | 01773-4807 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 83.34 | | | | | | | | |
| | Name of Employer The Imaging Institute | Occupation | n ic Radiologist | | | | | | | | | |
| | Receipt For: | | Year-to-Date V | | | | | | | | | |
| | Primary General | riggrogato | Teal to Bate V | 1 | | | | | | | | |
| | Other (specify) | | 750.04 | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | 4 | | | | | | | | |
| C. | DR Bradford Richmond | | | Date of Receipt | | | | | | | | |
| | Mailing Address Cleveland Clinic Founda 9500 Euclid Ave | ation | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378253 | | | | | | | | |
| | Cleveland | OH | 44195-0001 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 40.00 | | | | | | | | |
| | Name of Employer Cleveland Clinic Foundati- on | Occupation Diagnosti | n ic Radiologist | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | 111 | | 1 | | | | | | | | |
| | Other (specify) | L | 400.00 | | | | | | | | | |
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| s | UBTOTAL of Receipts This Page (optional) | | | 165.34 | | | | | | | | |
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| An | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full) | | ,, | |
| \rangle | American College of Radiology Associa | tion | | |
| ۹. | Full Name (Last, First, Middle Initial) DR Jorge Albin | | | Date of Receipt |
| | Mailing Address 645 Mulberry Ln | | | 10 18 / Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17378254 |
| | Bellaire | TX | 77401-3803 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 41.67 |
| | Name of Employer St Joseph Radiology Associates | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 416.70 | |
| 3. | Full Name (Last, First, Middle Initial) DR Edward Black | | | Date of Receipt |
| | Mailing Address Charlotte Radiology PA PO Box 36937 | | | 10 18 7 2006 |
| | City | State | Zip Code | Transaction ID: 17378255 |
| | Charlotte | NC | 28236-6937 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 42.00 |
| | Name of Employer Charlotte Radiology PA | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 420.00 | |
|). | Full Name (Last, First, Middle Initial) DR Joseph Lurito | | | Date of Receipt |
| | Mailing Address Eastern Radiologists 9 Doctors Park | | | 10 18 7 2006 |
| | City | State | Zip Code | Transaction ID: 17378256 |
| | Greenville | NC | 27834-2801 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer Eastern Radiologists | Occupation Diagnost | n ic Radiologist | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | 7 |
| | Primary General Other (specify) ▼ | | 440.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | | 133.67 |
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| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 65 / 78 | | | | | | | | |
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| 01 | | iaine and add | iless of any political committee to | o solicit contributions from such committee. | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | tion | | | | | | | | | | |
| | American College of Radiology Associa | шоп | | | | | | | | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| A. | DR Terry Wallace | | | Date of Receipt | | | | | | | | |
| | Mailing Address Charlotte Radiology | | | 10 18 2006 | | | | | | | | |
| | PO Box 36937 | State | Zip Code | | | | | | | | | |
| | Charlotte | NC | 28236-6937 | Transaction ID: 17378259 | | | | | | | | |
| | | INC | 20230-0937 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 40.00 | | | | | | | | |
| | | | | | | | | | | | | |
| | Name of Employer Charlotte Radiology | Occupation | | | | | | | | | | |
| | | | ic Radiologist | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 400.00 | | | | | | | | | |
| | Other (specify) | 0 0 | 0 0 0 0 0 0 0 | 1 | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| В. | DR Demetrius Morros | | | Date of Receipt | | | | | | | | |
| | Mailing Address 1045 Lake Colony Ln | | | M M / D D / Y Y Y Y | | | | | | | | |
| | - | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378260 | | | | | | | | |
| | Birmingham | AL | 35242-7402 | Amount of Each Receipt this Period 83.34 | | | | | | | | |
| | FEC ID number of contributing | C | | | | | | | | | | |
| | federal political committee. | | | | | | | | | | | |
| | Name of Employer | Occupation | ı | | | | | | | | | |
| | Birmingham Radiological Group P.C. | Diagnosti | ic Radiologist | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | | 791.70 | 1 | | | | | | | | |
| | Other (specify) | 0 0 | 701.70 | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| C. | DR Raul de la Vega, III | | | Date of Receipt | | | | | | | | |
| | Mailing Address 2936 Grampian Dr | | | M M / D D / Y Y Y | | | | | | | | |
| | <u> </u> | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378261 | | | | | | | | |
| | Gastonia | NC | 28054-6402 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | C | | 40.00 | | | | | | | | |
| | federal political committee. | | | | | | | | | | | |
| | Name of Employer | | 1 | | | | | | | | | |
| Shelby Radiological Assoc- iates | | | ic Radiologist | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| | Primary General | | 420.00 | | | | | | | | | |
| | Other (specify) | | 120.00 | 1 | | | | | | | | |
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| _ | UBTOTAL of Receipts This Page (optional) | | | 163.34 | | | | | | | | |
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| 51 | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | | | | | | | | | | |
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| or | for commercial purposes, other than using the r | name and add | fress of any political committee to | solicit contributions from such committee. | | | | | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| $ \rangle$ | American College of Radiology Associa | tion | | | | | | | | | | |
| | American College of Hadiology Associa | шоп | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| A. | DR Steven Leibel | | | Date of Receipt | | | | | | | | |
| | Mailing Address 19 Woodleaf Ave | | | M M / D D / Y Y Y Y | | | | | | | | |
| | | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378262 | | | | | | | | |
| | Redwood City | CA | 94061-1823 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | | | 40.00 | | | | | | | | |
| | federal political committee. | C | | 40.00 | | | | | | | | |
| | | | | | | | | | | | | |
| | Name of Employer Stanford University | Occupation | | | | | | | | | | |
| | | | Oncologist | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | 1 | 400.00 | 1 | | | | | | | | |
| | Other (specify) ▼ | 0 0 | 100.00 | J. | | | | | | | | |
| | | | | | | | | | | | | |
| D | Full Name (Last, First, Middle Initial) DR John D. Howard | | | Date of Receipt | | | | | | | | |
| Ь. | | | | ─ | | | | | | | | |
| | Mailing Address Charlotte Radiology PO Box 36937 | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378263 | | | | | | | | |
| | Charlotte | NC | 28236-6937 | Amount of Each Receipt this Period | | | | | | | | |
| | | INC | 20230-0937 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | | | 40.00 | | | | | | | | |
| | rederal political committee. | | | | | | | | | | | |
| | Name of Employer Charlotte Radiology | Occupation | າ | 7 | | | | | | | | |
| | Charlotte Radiology | Diagnosti | ic Radiologist | | | | | | | | | |
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| | Primary General | | 100.00 | 1 | | | | | | | | |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| C. | DR Dale Shaw | | | Date of Receipt | | | | | | | | |
| | Mailing Address 3601 Sharon Rd | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | | | | | | | | | |
| | | NC | | Transaction ID: 17378264 | | | | | | | | |
| | Charlotte | NC | 28211-3325 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | C | | 42.00 | | | | | | | | |
| | federal political committee. | | | | | | | | | | | |
| | Name of Employer Charlotte Radiology | Occupation | 1 | | | | | | | | | |
| | Charlotte Radiology | Diagnosti | ic Radiologist | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | 7 | | | | | | | | |
| | Primary General | 1 1 | | 1 | | | | | | | | |
| | Other (specify) ▼ | | 420.00 | | | | | | | | | |
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| s | UBTOTAL of Receipts This Page (optional) | | | 122.00 | | | | | | | | |
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PAGE 67 / 78 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Date of Receipt DR Rita Freimanis Mailing Address Wake Forest Univ Sch of Medicine 2006 10 18 Medical Center Blvd Zip Code City State Transaction ID: 17378265 Winston Salem NC 27157-0001 Amount of Each Receipt this Period FEC ID number of contributing 25.00 C federal political committee. Name of Employer Wake Forest Univ Sch of Occupation Diagnostic Radiologist Medicine Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** DR Edward Kouri Date of Receipt Mailing Address 4030 Beresford Rd 18 2006 City State Zip Code Transaction ID: 17378266 Charlotte NC 28211-3808 Amount of Each Receipt this Period FEC ID number of contributing C 42.00 federal political committee. Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) C. DR Michael Lavelle Date of Receipt Mailing Address 12103 Woodcliff Ln 2006 10 18 Citv State Zip Code Transaction ID: 17378267 Charlotte NC Amount of Each Receipt this Period FEC ID number of contributing 40.00 C federal political committee. Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 107.00 SUBTOTAL of Receipts This Page (optional)

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| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 68 / 78 (check only one) | | | | | | | | | | |
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| •• | LIMIZED RECEIL 10 | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | American College of Radiology Associat | ion | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) DR Robert Mittl, JR | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 4733 Coburn Court | | | 10 18 2006 | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378268 | | | | | | | | | | |
| | Charlotte | NC | 28277-2593 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 42.00 | | | | | | | | | | |
| | Name of Employer Charlotte Radiology | Occupation Diagnost | n ic Radiologist | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General | | 420.00 | 1 | | | | | | | | | | |
| | Other (specify) ▼ | 0 0 | 420.00 | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) DR Leonard Zawodniak | | | | | | | | | | | | | |
| | Mailing Address 1439 Garrett Dr | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378307 | | | | | | | | | | |
| | Wall Township | NJ | 07719-9648 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 40.00 | | | | | | | | | | |
| | Name of Employer Jersey Shore Radiology As- sociates | Occupation Diagnost | n ic Radiologist | | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General | | | 1 | | | | | | | | | | |
| | Other (specify) ▼ | | 400.00 | | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) DR Joel Swartz | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1210 Page Ter | | | 10 18 2006 | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378308 | | | | | | | | | | |
| | Villanova | PA | 19085-2132 | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C ID number of contributing | | | | | | | | | | | | |
| | Name of Employer Self-Employed | Occupation Diagnost | n ic Radiologist | 7 | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | | | |
| | Primary General | | 100.00 | 1 | | | | | | | | | | |
| | Other (specify) ▼ | | 400.00 | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 122.00 | | | | | | | | | | |

| SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 69 / 78 | | | | | | | | | |
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| | • | | Use separate schedule(s) or each category of the | (check only one) | | | | | | | | |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | | |
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| Ar | y information copied from such Reports and St | atements may | not be sold or used by any perso | on for the purpose of soliciting contributions | | | | | | | | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | American College of Radiology Associa | ation | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) DR Michael Brannon | | | Date of Receipt | | | | | | | | |
| | Mailing Address 7 Foxglove Ct | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378310 | | | | | | | | |
| | Greenville | SC | 29615-5505 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | | | | | | | | | | | |
| | federal political committee. | C | | 42.00 | | | | | | | | |
| | Name of Employer Greenville Radiology | Occupation Diagnosti | n ic Radiologist | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | 1 1 | | 1 | | | | | | | | |
| | Other (specify) ▼ | | 420.00 | | | | | | | | | |
| | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) DR Edward Sullivan, III | | | Date of Receipt | | | | | | | | |
| | Mailing Address Radiology Assoc of Birn | mingham | | M M / D D / Y Y Y Y | | | | | | | | |
| | 2090 Columbiana Rd S | te 4400 | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378311 | | | | | | | | |
| | Birmingham | AL | 35216-2152 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | | | 40.00 | | | | | | | | |
| | federal political committee. | C | | 40.00 | | | | | | | | |
| | Name of Employer | Occupation | 2 | _ | | | | | | | | |
| | Associates of Alabama | | ic Radiologist | | | | | | | | | |
| | Receipt For: | | Year-to-Date V | _ | | | | | | | | |
| | Primary General | 7.99.094.0 | Total to Bate V | 1 | | | | | | | | |
| | Other (specify) ▼ | | 400.00 | | | | | | | | | |
| | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) DR Bruce Schroeder | | | Date of Receipt | | | | | | | | |
| | Mailing Address 738 Lexington Dr | | | 10 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378312 | | | | | | | | |
| | Greenville | NC | 27834-0507 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | | | 40.00 | | | | | | | | |
| | federal political committee. | С | | 40.00 | | | | | | | | |
| | Name of Employer Eastern Radiologists | Occupation | | | | | | | | | | |
| | | | ic Radiologist | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General | 1 | 360.00 | 1 | | | | | | | | |
| | Other (specify) ▼ | | 300.00 | | | | | | | | | |
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| s | UBTOTAL of Receipts This Page (optional) | | | 122.00 | | | | | | | | |
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| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 70 / 78 | | | | | | | | | |
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| | ` | | Use separate schedule(s) or each category of the | (check only one) | | | | | | | | | |
| Ш | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | | | | |
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| Any information copied from such Reports and S | | on copied from such Reports and Statements may not be sold or used by any person | | | | | | | | | | | |
| or | for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. | | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | American College of Radiology Associa | ation | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) DR William Carey Werthmuller | | | Date of Receipt | | | | | | | | | |
| | Mailing Address Charlotte Radiology PO Box 36937 | | | 10 18 2006 | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378313 | | | | | | | | | |
| | Charlotte | NC | 28236-6937 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 40.00 | | | | | | | | | |
| | Name of Employer Charlotte Radiology | Occupation Diagnost | n ic Radiologist | | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | | |
| | Primary General | 1 1 | 400.00 | 1 | | | | | | | | | |
| | Other (specify) ▼ | | 400.00 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| В. | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address Charlotte Radiology | | | 10 18 2006 | | | | | | | | | |
| | PO Box 36937 | State | Zip Code | Transaction ID: 17378314 | | | | | | | | | |
| | Charlotte | NC | 28236-6937 | Amount of Each Receipt this Period | | | | | | | | | |
| | | INO | 20200-0907 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 40.00 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Name of Employer Charlotte Radiology | Occupation | | | | | | | | | | | |
| | | | ic Radiologist | | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | | |
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| | Other (specify) | | 1 1 1 1 1 1 1 1 | J | | | | | | | | | |
| — С. | Full Name (Last, First, Middle Initial) DR Jeffrey Magnuson | | | Date of Receipt | | | | | | | | | |
| ٠. | Mailing Address 3493 Siems Ct | | | M M / D D / Y Y Y Y | | | | | | | | | |
| | | | | 10 18 2006 | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: 17378315 | | | | | | | | | |
| | Arden Hills | MN | 55112-3639 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing | C | | 50.00 | | | | | | | | | |
| | federal political committee. | | | 00.00 | | | | | | | | | |
| | Name of Employer St. Paul Radiology, P.A. | Occupation | n | | | | | | | | | | |
| | | | ic Radiologist | | | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | | | | | | | | | | |
| | Primary General | | 500.00 | 1 | | | | | | | | | |
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A. DR Kerry Chandler

Fuguay Varina

Receipt For:

B. DR James Hiken

Prospect

Louisville

Receipt For: Primary

City

Primary

City

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

Name of Employer Wake Radiology Consultants

Other (specify)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Name of Employer Diag. Imaging Alliance of

Other (specify)

Mailing Address 7109 Cove Pointe PI

federal political committee.

Mailing Address 4100 Mullcroft PI

American College of Radiology Association

General

General

State

State

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date V

400.00

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PAGE 71 / 78 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt 10 18 2006 Zip Code Transaction ID: 17378316 27526-8658 Amount of Each Receipt this Period 50.00 Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 500.00 Date of Receipt 18 2006 Zip Code Transaction ID: 17378318 40059-9680 Amount of Each Receipt this Period 40.00

| | | 00.00 |
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| SUBTOTAL of Receipts This Page (optional) | • | 90.00 |
| TOTAL This Period (last page this line number only) | | 65731.86 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 72/78 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) RADCO Date of Receipt Mailing Address 716 Quincy St. 10 05 2006 City Zip Code State Transaction ID: 17546874 Rapid City SD 57701 Amount of Each Receipt this Period FEC ID number of contributing C 6600.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Contribution being refunded on 10/27/2006 because 6600.00 Other (specify) it is a corporate contrib-

| SUBTOTAL of Receipts This Page (optional) | • | 6600.00 |
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| TOTAL This Period (last page this line number only) | • | 6600.00 |

| | | Use seperate schedule(s) | | (check | | y one) | | | | | 13/1 | 0 | |
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| 11 6 | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | , | 21b 27 | Ĺ | 22 28a | _ | 23 28b | 24 28c | | 25 29 | П | 26 30b |
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| | or commercial purposes, other than using the name | ie and address of any politic | al com | mittee to | SOLIC | it contri | butic | ons fro | m such | comr | nittee | | |
| \ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| / | American College of Radiology Association | n | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Transa | actio | n ID: | 166042 | 237 | | | |
| ۱. | Price For Congress | | | | | Date o | of Dis | | | v • v | · · · | V | |
| | Mailing Address P.O. Box 425 | | | | | 1 0 | | 0 | 2 / | 2 | 0 Ď 6 | | |
| | City Roswell | State Zip Code GA 30077 | | | | Amour | nt of | Each | Disburse | emen | t this F | erio | b |
| | Purpose of Disbursement | GA 30077 | 1 | | _ | | | | | 3 | 3000.0 | 00 | |
| | r dipose of Disbursement | | | 011 | | | | | - | - | - | | |
| | Candidate Name Rep. Thomas Price | | | tegory/ Гуре | | | | | | | | | |
| | Office Sought: X House Disburs | ement For: 2006 | | 71 | | | | | | | | | |
| | Senate | Primary X General | I | | | | | | | | | | |
| | State: GA District: 6 | Other (specify) | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| | Chafee For Senate | | | | | Transa Date o | | | 169645 ment | 080 | | | |
| | | | | | | 1 0 | M / | D | D / | YYY | 0 ŏ 6 | Υ | |
| | Mailing Address PO Box 7329 | | | | | 1 0 | _ | , | | | . 0 0 6 | _ | |
| | City Warwick | State Zip Code RI 02887 | | | | Amour | nt of | Each | Disburse | emen | t this F | erio | b |
| | Purpose of Disbursement | | T | | | | | | | 3 | 3000.0 | 00 | |
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| | Candidate Name Sen. Lincoln Chafee | | 1 | tegory/ Γype | | | | | | | | | |
| | Office Sought: House Disburs | ement For: 2006 | | 710-0 | | | | | | | | | |
| | χ Senate | Primary X General | l | | | | | | | | | | |
| | President State: RI District: 2 | Other (specify) | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | T | | ID. | 100041 | 10 | | | |
| | Mary Bono Committee | | | | | Date o | | | 166041 ment | 12 | | | |
| | Mailing Address P.O. Box 3370 | | | | | 1 0 N | M / | 0 | ^D / | Ϋ́Ϋ́ | 0 0 6 | Υ | |
| | Mailing Address P.O. Box 3370 | | | | | . 0 | | | | | | | |
| | City Poly Springs | State Zip Code CA 92263 | | | | Amour | nt of | Each | Disburse | emen | t this F | erio | b |
| | Palm Springs Purpose of Disbursement | OA 92263 | 1 | | | | | | | 5 | 5000.0 | 0 | |
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| | Candidate Name Rep. Mary Bono | | | tegory/ | | | | | | | | | |
| | | ement For: 2006 | | Гуре | \dashv | | | | | | | | |
| | Senate | Primary X General | I | | | | | | | | | | |
| | President Districts 45 | Other (specify) | | | | | | | | | | | |
| | State: CA District: 45 | | | | | | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | | Use seperate schedule(s) | | NUMBER: | PAGE 74/78 | | | | | | |
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| IT | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only | 22 X 23 28a 28b | 24 25 26 28c 29 30b | | | | | | |
| | / Information copied from such Reports and Statem or commercial purposes, other than using the nam | | | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) American College of Radiology Association | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Storm Chasers PAC | | | Transaction ID: 1 | nent | | | | | | |
| | Mailing Address P.O. Box 237 | | | 10 0 4 | | | | | | | |
| | City Monticello | State Zip Code IN 47960 | | Amount of Each D | isbursement this Period | | | | | | |
| | Purpose of Disbursement Candidate Name | | 011 Category/ | | 2500.00 | | | | | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | Туре | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Pickering For Congress | | | Transaction ID: 1 Date of Disbursem | nent | | | | | | |
| | Mailing Address P.O. Box 4297 | | | 10 0 5 | 2006 | | | | | | |
| | City Brandon | State Zip Code MS 39047 | | Amount of Each D | isbursement this Period | | | | | | |
| | Purpose of Disbursement | | 011 | | 4000.00 | | | | | | |
| | Candidate Name Rep. Charles W. Pickering, Jr. | | Category/ Type | | | | | | | | |
| | Office Sought: X House Senate President State: MS District: 3 | ement For: 2006 Primary X General Other (specify) | | | | | | | | | |
| С. | Full Name (Last, First, Middle Initial) People With Hart Inc | | | Transaction ID: 1 Date of Disbursem | nent | | | | | | |
| | Mailing Address P.O. Box 435 | | | 10 0 5 | 2006 | | | | | | |
| | City Wexford | State Zip Code PA 15090 | | Amount of Each D | isbursement this Period | | | | | | |
| | Purpose of Disbursement Candidate Name | | 011 Category/ | | 2000.00 | | | | | | |
| | Rep. Melissa A. Hart | | Туре | | | | | | | | |
| | Office Sought: X House Disburse Senate President State: PA District: 4 | ement For: 2006 Primary X General Other (specify) | | | | | | | | | |
| S | JBTOTAL of Disbursements This Page (optional) | | | | 8500.00 | | | | | | |
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| | CHEDULE B (FEC Form 3X) | | Use seperate schedule(s) for each category of the | | | | | E NUMBER: PAGE 75 / 78 nly one) | | | | | | | 78 | |
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| | EMIZED DISBURSEMENTS | | Summary Page | | Ĺ | 21b 27 | ŕ | 22 28a | X | 23 28b | | 24 28c | : <u> </u> | 25 29 | | 26 30b |
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| \vdash | NAME OF COMMITTEE (In Full) | | 71 | | | | | | | | | | | | | |
| $ \rangle$ | American College of Radiology Association | า | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress | | | | | | | Trans Date | | | | | 347 | | | |
| | Mailing Address 22 West Padonia Road Suite C-141 | | | | | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | | | | |
| | | State MD | Zip Code 21093 | | | | | Amou | ınt o | f Eac | h Di | sburs | emer | nt this | Perio | nd |
| | Purpose of Disbursement | | | Γ | 0 | 11 | 1 | L. | | | | | | 2500. | 00 | |
| | Candidate Name Rep. C.A. Ruppersberger | | | С | | egory/ /pe | 1 | | | | | | | | | |
| | Office Sought: X House Senate President Disburse | ment For: Primary Other (spe | 2006 X General | | | | | | | | | | | | | |
| | State: MD District: 2 | | · | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) People With Hart Inc | | | | | | | Trans Date | of Di | isbur | sem | ent | | , , , , , | V | |
| | Mailing Address P.O. Box 435 | | | | | | | 1 0 | М | / D | 1 2 |] | ` 2 | 6 0 ŏ | 3 [*] | |
| | , | State PA | Zip Code 15090 | | | | | Amou | ınt o | f Eac | h Di | sburs | emer | nt this | Perio | id |
| | Purpose of Disbursement | | | Г | 0 | 11 | 1 | L. | | _ | | | ; | 3000. | 00 | |
| | Candidate Name Rep. Melissa A. Hart | | | С | ate | egory/ /pe | 1 | | | | | | | | | |
| | Office Sought: X House Disburse Senate President | ment For: Primary Other (spe | 2006 X General cify) ▼ | | | | | | | | | | | | | |
| | State: PA District: 4 | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Hayes For Congress | | | | | | | Trans Date | of Di | isbur | sem | ent | | | | |
| | Mailing Address Post Office Box 2000 | | | | | | | 1 0 | М | / D | 15 |] | Y 2 | 0 ŏ | 3 ^Y | |
| | | State NC | Zip Code 28026 | | | | | Amou | ınt o | f Eac | h Di | sburs | - | nt this | | nd |
| | Purpose of Disbursement | | | | | 11 | 1 | | _ | _ | | - | - 1 | 2500. | 00 | _ |
| | Candidate Name Rep. Robin C. Hayes | | | С | | egory/ /pe | | | | | | | | | | |
| | Senate President | ment For: Primary Other (spe | 2006 X General | | | | | | | | | | | | | |
| | State: NC District: 8 | | | | | | | _ | _ | _ | | | | | | _ |
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| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS | | Use seperate schedule(s) | | | | | | E NUMBER: PAGE 76 | | | | | | 76 / | / 78 | |
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| | | Detailed | for each category of the Detailed Summary Page | | | 21b 27 | É | 22 28a | Х | 23 28l | | 24 28 | | 25 29 | | 26 30b |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | | | | | | | | | | | ns | |
| \vdash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $ \rangle$ | American College of Radiology Association | ו | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Lot Of People For Dave Obey | | | | | | | Trans Date | | | | | 348 | | | |
| | Mailing Address 525 Washington St PO Box 1322 | | | | | | 1 ^M 0 | М | / | 15 | 5 / | Y | žοŏ | 3 ^Y | | |
| | City State Zip Code Wausau WI 54402 | | | | | | | Amount of Each Disbursement this Period | | | | | | _ | | |
| | Purpose of Disbursement | | | Г | Ō | 11 | | L. | | | | | | 5000. | 00 | _ |
| | Candidate Name Rep. David R. Obey | | | | | egory/ vpe | | | | | | | | | | |
| | Senate President | ment For: Primary Other (spe | 2006 X General ecify) ▼ | | | | | | | | | | | | | |
| _ | State: WI District: 7 | | | | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) | | | | | | | Trans Date | | isbu | rsen | | | V · V | V | |
| | Mailing Address 25 East Main Street Suite 200 | | | | | | | 1 [™] 0 | IVI | Ĺ | 16 | S ' | | ž 0 ŏ | 6 ' | |
| | , | State VA | Zip Code 23219 | | | | | Amount of Each Disbursement this Pe | | | | Period | _ | | | |
| | Purpose of Disbursement | | | Г | • | | | L. | | | | _ | | 2500. | 00 | |
| | Candidate Name | | | | ate | 11 egory/ pe | | | | | | | | | | |
| | Office Sought: House Senate President State: District: | ment For: Primary Other (spe | General | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Texas Freedom Fund | | | | | | Trans Date | | | | | 6275 | | | | |
| | Mailing Address 104 East Hume Avenue | | | | | | 1 ^M 0 | М | / | 16 |) } | Y 2 | žοŏ | 3 ^Y | | |
| | | State VA | Zip Code 22301 | | | | | Amou | unt c | f Ea | ch D | isbur | | nt this | | _ |
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| | Candidate Name | | | | ate | egory/ vpe | | | | | | | | | | |
| | Senate President | ment For: Primary Other (spe | General ecify) ▼ | | | | | | | | | | | | | |
| | State: District: | | | | | | | _ | _ | _ | _ | | | | | _ |
| s | UBTOTAL of Disbursements This Page (optional) . | <u></u> | | | | . • | <u> </u> | L. | | | | | 12 | 2500. | 00 | |
| ۱, | OTAL This Period (last page this line number only) | | | | | ı | • | | | | | | | | | ٦ |

| 0 | CHEDINE B /EEC Form 2 | v | | | | | | | |
|--------------------------|-------------------------------------------------------------|-----------------------|--------------------------|----------------------|--------------------------|------------------------|--|--|--|
| SCHEDULE B (FEC Form 3X) | | | erate schedule(s) | FOR LINE (check only | : NUMBER: | PAGE 77 / 78 | | | |
| IT | EMIZED DISBURSEMENT | | category of the | 21b | 7 22 X 23 T | 1 24 | | | |
| | | Detailed : | Summary Page | 27 | 28a 28b | 28c 29 30b | | | |
| | y Information copied from such Reports a | | | | | | | | |
| or | for commercial purposes, other than usin | g the name and addres | ss of any political | committee to so | licit contributions from | such committee | | | |
| Ν | NAME OF COMMITTEE (In Full) | | | | | | | | |
| 17 | American College of Radiology As | ssociation | | | | | | | |
| <u></u> | Full Name (Leat First Middle Initial) | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Cantor For Congress | | | | Transaction ID: 16 | | | | |
| | Cantor For Congress | Date of Disbursement | | | | | | | |
| | Mailing Address P. O. Box 17813 | 3 | | | 10 17 | 2006 | | | |
| | City | State | Zip Code | | Amount of Each Dis | sbursement this Period | | | |
| | Richmond | VA | 23226 | | | | | | |
| | Purpose of Disbursement | | | 011 | | 4000.00 | | | |
| | Candidate Name | | | Category/ | | | | | |
| | Rep. Eric I. Cantor | | | Туре | | | | | |
| | Office Sought: X House | Disbursement For: | 2006 | | | | | | |
| | Senate | Primary | X General | | | | | | |
| | State: VA District: 7 | Other (spe | ecity) 🔻 | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | |
| В. | Rad Political Action Committee | | Transaction ID: 17079328 | | | | | | |
| | had Folitical Action Committee | | | | Date of Disburseme | | | | |
| | Mailing Address 1155 21st Stree | t NW Suite 300 | | | 10 17 | 2006 | | | |
| | City | State | Zip Code | | Amount of Each Dis | sbursement this Period | | | |
| | Washington | DC | 20036 | | | | | | |
| | Purpose of Disbursement | | | | | 4000.00 | | | |
| | On all data Name | | | 011 | | | | | |
| | Candidate Name | | | Category/ Type | | | | | |
| | Office Sought: House | Disbursement For: | | туре | | | | | |
| | Senate | Primary | General | | | | | | |
| | President | Other (spe | | | | | | | |
| | State: District: | | - J/ ∀ | | | | | | |

| SUBTOTAL of Disbursements This Page (optional) | • | 8000.00 |
|-----------------------------------------------------|----------|----------|
| TOTAL This Period (last page this line number only) | • | 48000.00 |

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| ITEMIZED INDEPENDENT EXPENDITUR | ES | | PAGE 78 / 78 FOR LINE 24 OF FORM 3X |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------|------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | |
| American College of Radiology Association | | C C00343459 | |
| Check if 24-hour notice 48-hour notice | | | 000343433 |
| Full Name (Last, First, Middle, Initial) of Payee | | Date | |
| The Herald | | M M / | 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | Amount | |
| 1 Herald Square | | _ | 2087.44 |
| City State | Zip Code | | ID: 17316858 |
| New Britain CT | 06051 | Office Sought: | |
| Purpose of Expenditure newspaper political | Category/ Type 004 | | Senate District: 5 Presidential |
| Name of Federal Candidate supported or Opposed by expend | | Check One: | X Support Oppose |
| Rep. Nancy L. Johnson | | Disbursement | For: Primary X General 2006 |
| | | | r (specify) : |
| Calendar Year-To-Date Per Election | 2087.44 | Otilei | (Specify) |
| for Office Sought | | | |
| Full Name (Last, First, Middle, Initial) of Payee | | Date | |
| The Times | | M M / | 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | Amount | |
| 345 Green St NW | | | 3052.14 |
| City State | Zip Code | Transaction | ID : 17319279 |
| Gainesville GA | 30503 | Office Sought: | X House State: GA |
| Purpose of Expenditure | | | Senate District: 10 |
| newspaper political ad | Category/ Type 004 | | Presidential |
| Name of Federal Candidate supported or Opposed by expend | liture: | Check One: | X Support Oppose |
| Rep. Nathan Deal | | 5 | - Day Wa |
| | | Disbursement | |
| Calendar Year-To-Date Per Election for Office Sought | 3052.14 | Other | r (specify): |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 5139.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | 0.00 |
| (c) TOTAL Independent Expenditures | | | 5139.58 |
| · · · · · · · · · · · · · · · · · · · | | | |
| Under penalty of perjury I certify that the independent expenditures report at the request or suggestion of, any candidate or authorized commit committee) any political party committee or its agent. | | | |
| DR Milton Guibortosu | Date 1.0 | | Y Y Y |
| DR Milton Guiberteau Signature | Date 1 0 | 26 2 | 006 |
| | | | |